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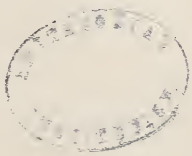
S. W. BUTLER, M.D.



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INDEX.

A.

Abortion, criminal, 306.
Abscess—strumous, 95, 125; pathology of secondary or metastatic, 111; lumbar, 218; stercoraceous, 272; dissecting of leg, 366.
Absinthe, 165.
Academy of Medicine, French, incident in, 164.
Accommodation, mechanism of, 320.
Acid—citric, in phosphatic gravel, 138; phenic, as an antiseptic, 389.
Acupressure, 123.
Agassiz expedition, 62, 401; farewell to, 374.
Air-passages, foreign body in, 108, 173.
Albuminuria, is there in epilepsy, 86, 104.
Alcohol, 370—as food, 98, 158; and raw meat in treatment of phthisis, 120; an antidote for strychnia, 339.
American Medical Association, transactions of, 178.
Ammonium, bromide of, in pertussis, 100.
Amputation—of hip-joint, 188, 281; and resection of shoulder-joint, 381; of fore-arm by Teale's method, 407; of both arms, osteomyelitis, death, autopsy, 410.
Anæsthesia, 14—prolongation of by subcutaneous injections of morphia, 57; by nitrous oxide gas, 100, 365—6, 385, 395.
Anasarca, 333; with ascites, 300.
Anatomical drawings of Da Vinci, 404.
Anchylosis—of finger, 78; partial of shoulder-joint, 125; of knee-joint, 140, 234.
Aneurism—danger of injections into, 144; popliteal, 217; cure of by extirpation of sac and ligature, 229; of thoracic aorta, 286; of abdominal aorta, 392; of left ventricle, extensive cal, careous deposits, 411.
Animals, inhuman treatment of, 12.
Animal food, does it conduce to leanness? 309.
Angina pectoris, 169.
Ano, fistula in, 332.
Anthracite coal as a remedy, 286.
Antiseptic, phenic acid as an, 389.
Antrum of Highmore, cystic tumor of, 125.
Aorta—fibrinous deposits in, 174; aneurism of thoracic, 286; aneurism of abdominal, 392.
Aphasia, discussion on, 197.
Appalling record, 403.
Arm—and shoulder, extirpation of, 229; paralysis of from carious tooth, 287.
Army—medical department of, report of, 213, 405; records of, 262; statistics of sickness and mortality in, 65; examining board, 149; expenses of medical department of, 398.
Army and Navy news, 15, 47, 84, 101, 133, 293, 309, 326, 342, 405.
Arsenic, 256—smoking with tobacco, 83; new test for, 293.
Arsenite of strychnia, 286.
Artery—ligature of iliac, 206; ligation of common iliac, 368.
Ascites, with anasarca, 300.
Asphyxia—syncope—poisoning, 143.
Asthma, cardiac, 75.
Association, British Medical, 161, 175.
Atmosphere, effect of flowers on, 14.
Atropia and morphia, 97.
Axillary gland enlarged, 237.

B.

Bean, Calabar, in treatment of eye diseases, 231.
Bee-bread as a diuretic, 256.
Belladonna and opium, antagonism of, 286.
Benzole gas, 187, 244.
Bequests, liberal, for scientific objects, 182, 257.

Biographical Sketches:

A. H. Stevens, M. D., 5.
Willard Parker, M. D., 17.
Joseph Thoburn, M. D., 19.
Gurdon Buck, M. D., 34.
Julius S. Thebaud, M. D., 72.
Stephen Smith, M. D., 295.
Alexander E. Hosack, M. D., 359.

Births, plural, 34.
"Black death," 47.
Bladder, paralysis of, 141, 282.
Blood—diseased, action of on blood vessels, 274; transfusion of, 286; corpuscles and iodine, 229.
Blow-pipe, a new, 300.
Boils, treatment of, 344.
Bone—reproduction of, 31; sources of phosphate in, 157; hypertrophy of in tumor of head, 250; caries of metatarsal, from glass, 281.
Bonnafon, Martin, 419.
Brevet worthily bestowed, 397.
Bribing medical men, 402.
Bright's disease, 7.
Bronchitis—with peritonitis after debauch, 51; acute, 376.
Bronchocele, operation, 413.
Bubo, syphilitic, 219.
Buffon, statue to, 402.
Burns, talc as an application to, 197.
Bursæ, synovial, hypertrophy of, 77.

C.

Calabar bean, mydriasis and paralysis of accommodation cured by, 231.
Calculus, urinary, in a child, 368.
Calomel—hypodermic injection of in syphilis, 191; poisoning by impure, 373.
Cancer, 41—lemon juice as an anodyne lotion in, 287; of pylorus, 395; of testicle, 407; of hand, 410.
Cancerous deposit, general, 409.
Carbuncle, 139, 282.
Cardiac asthma, 75.
Caries—of rib, 236; and necrosis of foot, 218; from and with rheumatism, 249; of knee joint, 274, of metatarsal bones, 281.
Cartilage formed in knee-joint, 251,
Case of mistaken identity, 372.
Cataract, 10—soft, extraction of by suction, 286; modified linear, extraction of, 319, 320; new operation for extraction of, 378,; traumatic, 378.
Cathartics, abuse of, in continued fever, 395.
Cattle—contagious disease of, 196; plague, 356, 401.
Cellulitis pelvic, and iritis, mercuriais in, 59.
Cement, new rubber, 84.
Centennary address of University of Pennsylvania, 276; meeting of Medical Society of New Jersey, 384.
Cerebro-spinal meningitis, 22, 53.
Chancre, soft, 282, 380.
Chelioplastic operation, 249.
Child, new-born, laceration of, 97.
Child's doctor, 292.
Chinese, medicine among, 357.
Chloroform—internally in congestion, 287, 398; discoverer of, 338; anæsthesia from internal use of, 354; means of averting death from, 415.
Cholera, 62, 192, 308, 352, 380, 400; in Egypt, 84, 148; cure for, 117, 211; in New York, 176, 341; remedies for, 195; action in regard to, in Philadelphia, 212; in Italy, France, Malta, etc., 226, 244; in Constantinople, 263, 355, 403; progress of, 289, 325, 337, 386; ice bag in, 323; and New York health commissioners, 324; precautionary measures against, 336; a congress on, proposed, 340; hospital for, at Sandy Hook, 353; Dr. Chapman's theory and treatment of, 354; report on, in Phila. Co. Med. Society, 366; history of, on the Atalanta, 373; cause of, 382; in England, 389; and insects, 402; singular cure for, 403.
Cincinnati Lancet and Observer, 398.
Circulation the, and its discovery, 181; a new, 181.
Classes, medical, in Philadelphia, 419.
Club-thumb, case of, 77; -foot, 273.
Coal anthracite, as a remedy, 286.
Congestion, chloroform internally as a remedy for, 287, 398.
Conjunctivitis, nitrate of silver and sulphate of copper in, 207.
Consanguinity, marriages of, 83, 149.
Constipation, 409.
Convulsions uræmic, 60.
Convulsive diseases, veratrum viride in, 49.
Cookery, science of, 371.
Copper, sulphate of, and nitrate of silver in conjunctivitis, 207.
Cornea, nutrition of, 320.
Correspondence, New York, 324.
Coryza, treatment of, 241.
Cosmos, Dental, 147.
Court-plaster, substitute for, 149.
Croup, treatment of, by inhalation of lime-water, 171.
Cure, extraordinary, 14.
Cystorrhœa, 108.

D.

Da Vinci, anatomical drawings of, 404.
Deafness, nervous, 333.
"Death Black," 47.
Dead, identification of, 42.
Debauch, peritonitis and bronchitis after, 51.
Deformity, influence of mental impressions as a cause, 55.
Deglutition, 60.
"De gustibus," etc., 63.
Dental Association, American, 115.
" Cosmos, 147.
Dentistry by steam, 150.
Diabetes—Insipidus, 7; cured by seton, 221; in a monkey, 292.
Diamonds, chemical production of, 116.
Diarrhœa—treatment of, 208; oil of Erigeron in, 395.
Digitalis and ergot, action of combined, 369.
Diphtheria, 40; treatment with ice, 112, 335.

Discovery, wonderful, 132.
Disease—value of thermometer in diagnosis and prognosis of, 191; change of type in, 241; epidemic and contagious, 404.
Dispensatory, U. S., 44.
Diuretic, bee-bread as a, 256.
Dropsy, 331.
Drunkenness—English cure for, 14; cure for, in Holland, 100.
Duchenne's disease, 52.
Dysentery—caused by impure exhalations, 153; oil of Erigeron in, 395.

E.

Ear—diseases of the internal, 70, 88, 106, 121, 135; removal of foreign bodies from, 111.
Eclampsia, is there albuminuria in, 86.

Editorials:

Education, physical, 243.
A new volume—the safety of travellers—amendment of constitution of American Medical Association, 11; inhuman treatment of animals intended for food, 12.
Medical Society of Ohio—a regiment of soldiers struck by lightning—endowment of lectureships in University of Pennsylvania, 27.
Formation of medical societies, 43.
Report of the Provost marshal General, 61; sanitary measures, 62.
The late Dr. S. D. Willard, 79.
Epidemics, 99.
Pedestrianism—the late Dr. McGuigan—advertising quack medicines, 113.
Primary cause of mortality in our great cities, 131.
Professional etiquette of the Pritchard poisoning case—house of Lea & Blanchard, 146.
British Medical Association, 175; rank and pay of hospital stewards, 176.
Cholera, 192; a will case, 194.
Medical schools—public hygiene, 209; Pritchard poisoning case, 210; Philadelphia county Medical Society, 211.
Quarantine and commerce, 224.
Change of type in disease, 241; physical education, 243.
Free schools of medicine—worthlessness of mortality statistics, 260.
The social evil and the military authorities, 275; University of Pennsylvania, centennial, 276.
Hospitals for the insane and their curative influence, 288; progress of the cholera, 289.
Criminal abortion, 306; Philadelphia county Medical Society, 306.
New literary arrangements—our large cities and epidemics, 322.
Cholera—precautionary measures, 336; progress of cholera, 337.
Where shall I locate?—change of type, 351.
Alcohol, 370; the science of cookery, 371.
Announcement of fourteenth volume—Centennary meeting of the Medical Society of New Jersey, 384; nitrous-oxide as an anæsthetic, 385.
American Pharmaceutical Association, 396.
Cholera—contagion—quarantine, 416.
Electricity—228; new views, 129; influence of on color of insects, 196; ocean as a source of, 293.
Elbow-joint, compound fracture of, 407.
Electric battery, 117.
Endoscopy, 173.
England, pauper population of, 421.
Enteremphraxis, 120.
Epidemics—99; our large cities and, 322; Russian, 13; hospitals, 276
Epilepsy—157; from fracture of skull, 13; is there albuminuria in, 86.
Epithelioma, 333; of lip, 77, 94, 126.
Ethnologists, caution to, 46.
Etiquette, professional, and Pritchard poisoning case, 146.
Ergot and digitalis, action of, combined, 369.
Erigeron, oil of, in hæmorrhage, etc., 395.
Erysipelas—treatment of with sulphate of soda, 112; of face, 141.
Extracts, fluid, preparation of, 389.
Eye—diseases of, 215, 267; foreign body in, 293; impaired vision from blows and ophthalmic symptoms, 320.

F.

Feet, gangrene of, from frost-bite, 273.
Femur—necrosis of, 76; gunshot wound of, 95; intra capsular, fracture of, 281; gunshot wound of, 368.
Fever—puerperal, 9; yellow fever plot, 31; ventilation in, 32; stimulants in treatment of, 57; remittent, 69; a case of mixed combination of typhus and typhoid, 76; spotted, 127; typhoid in pig, 154; malarious, 155; typhus, 251, 282, 301, 332, 345; starvation, 300; congestive intermittent, 319; walking, 364; intermittent and remittent, dose of quinia to be given, 103; continued, abuse of cathartics, strychnia, 395.
Finger, anchylosis of, 78.
Fistula—vesico-abdominal, 217; with scirrhus of rectum, 273; urinary, 280; lachrymalis, 168; in ano, 332.
Flowers—effect of, on atmosphere, 14; preservation of, with natural colors, 180; to preserve, 181.
Fluid extracts, preparation of, 389.
Fly-bite, poisoned by, 31.
Food and the teeth, 183, 198.
Foot—caries and necrosis of, 218; club, 273.
Fossil, human remains, 357.
Fourteenth volume, announcement of, 384.
Fractures—gunshot, with application of sutures to bone, 189; immediate treatment of by fixed apparatus, 219; ununited of tibia, 250; of lower jaw, 273; intra capsular of femur, 281; gunshot of femur, 368; of larynx, 255; compound of tibia, 407; compound of elbow joint, 407; humerus, splint for, 97; of skull, 139; of cervical vertebræ, with wound of scalp, 167; of skull, 237, 327.
Fright, death from, 198.
Frost bite of feet, gangrene from, 273.
Furunculus, treatment of, 344.

G.

Ganglion of wrist, 95.
Gangrene—hospital, 78; of feet, from frost-bite, 273; traumatic extract of logwood in, 115.
Giant, the French, 404.
Giants, vital capacity of, 261.
Gland—enlarged axillary, 237; thyroid, 160.
Glands, inflamed, pure iodine as local application, 223.
Glass, for amblyopic patients, 321.
Glycerine, 10.
Gravel, phosphatic, citric acid in, 138.
Gobrecht, Surg., serious accident to, 132.
Gonorrhœa, 281.
Gunshot injuries, tenacity of life in, 151, 205, 299.

H.

Hand—gunshot wound of, 110; and forearm, injury to, 380.
Hare-lip, 95; and fissure of palate, 218.
Head, gunshot injuries of, 291, 381.
Health-officer of Philadelphia, 44.
Heart—penetrating wound of, 85; paralysis of, 152; hypertrophy of, 412.
Hemorrhage—etc., oil of Erigeron in, 395; secondary, 50.
Hemorrhoids, 393.
Hernia—cerebri, successful treatment of, 63; umbilical, 128, 234.
Herpes zoster, sulphate of iron in, 330.
Hiccup, chronic, 234.
Highmore, antrum of, tumor in, 334.
Hip-joint, amputation of, 188, 281.
Homœopathic medicines, 181.
Homœopathy in French Senate, 100.
Hospital—stewards, rank and pay of, 176, 177; ships, 62; gangrene, 78; Long Island College, 28; Emigrants' on Ward's island, 28; to be closed, 81; Hampton general, 82; description of a rebel, 147; epidemic, 276; for insane, and their curative influence, 288; registration of attendance at, 176; St. Thomas' new, 195; Will's Ophthalmic, 225.
Housemaid's knee, 126.
Humerus—splint for fracture of, 97; gunshot wound of, 141; separation of, at epiphysis—shaft driven through deltoid muscle, 190; luxation of, 319.
Hurricane, terrible effects of, 46.
Hydrocephalus, 25; ophthalmoscope in diagnosis of, 173.
Hydrophobia, cure by vapor bath, 114.

Hospital Reports:

Philadelphia Hospital:—

Bright's disease—diabetes insipidus, 7.
Cirrhosis, attended with ascites, 37; abdominal hysteria, 38.
Peritonitis and bronchitis after debauch, 51; Duchenne's disease, 52; catarrhal icterus, 53
Cardiac asthma, 75; case of mixed fever, 76.
Stercoraceous abscess, 272; gangrene of feet from frost-bite—club-foot—scirrhus of rectum with fistula—fracture of lower jaw—stricture of urethra, 273; enlarged tonsils—inflammation at knee-joint and caries, 274.
Intra capsular fracture of femur—caries of metatarsal bones from glass—amputation at hip-joint—gonorrhœa, 281; ingrowing toe-nail—paralysis of the bladder—scald—carbuncle—soft chancre, 282.
Ascites, with anasarca of the lower extremities—starvation fever, 300; acute rheumatism—typhus fever, 301.
Chronic laryngitis, 316.
Dropsy—syphilitic laryngitis, 331; typhus fever, 332.
Pathological specimens—typhus fever, 345.
Acute bronchitis, 376; pathological specimens, 377.
Pleurisy—aneurism of abdominal aorta, 392.
Syphilitic pharyngitis and laryngitis, 408; constipation, 409.

Jefferson Medical College:—

Hypertrophy of tonsils—sebaceous tumor of the scalp, 54; Pott's disease of spine, 55.
Nevus—necrosis of femur, 76; hypertrophy of the synovial bursæ over olecranon process—a case of club-thumb—convergent strabismus—epithelioma—polyp of nose, 77; sebaceous tumor—anchylosis of finger, 78.

Scirrhus of mammary gland, 93; paronychia—talipes varus—Pott's disease of spine—epithelioma, 94; fibrous tumor of arch of palate—strumous abscess—hare-lip—gunshot wound of femur—ganglion in wrist—ptosis, 95; ozœna, 96
Pterygium—cystorrhœa—foreign body in air passages, 108; primary syphilis—talipes equinus—fatty tumor, 109; gun shot wound of hand—gelatinoid polyps of the nose—hypertrophy of the tonsils, 110.
Gunshot wound of leg—strumous abscess—scirrhus of mammary gland—cystic tumor of antrum of Highmore, 125; phthisis—epithelioma—housemaid's knee, 126.
Foreign body in nose, 139; staphyloma—tertiary syphilis—anchylosis of knee-joint—curvature of spine—partial anchylosis of knee-joint, 140; cystic tumor of neck—inverted toe nail—deformity of toe—tertiary syphilis—gunshot wound of humerus—erysipelas of face, 141.
Lupus exedens—onychia maligna—popliteal aneurism—forced flexion, 217; abscess in lumbar region—caries and necrosis of the foot—syphilitic sore throat—hare-lip and fissure of palate, 218; syphilitic bubo—adhesions from scald—abdominal tumor, 219.
Anchylosis of knee—umbilical hernia—chronic hiccup—strumous ophthalmia, 234; phosphor-necrosis, 235; scirrhus of skin—encysted tumor of lip—caries of rib—onanism, 236; hydrocele—fracture of skull—enlarged axillary gland, 237.
Nævus of upper lip—chelioplastic operation—keloid tumor—caries from and with rheumatism, 249; ununited fracture of tibia—tumor on the side—tumor on the head—hypertrophy of bones—spasm of the sterno-cleido muscle, 250; cartilage formed in the knee-joint, 251.

Pennsylvania Hospital:

Amputation of the thigh—acupressure, 123; hydrocele, 124.
Carbuncle—compound fracture of skull, 139.
Fracture of vertebra, with wound of scalp—hydrocele—morbid specimens, 167; fistula lachrymalis, 168.
Re-amputation for neuralgia—anæsthesia by nitrous-oxide gas, 365; dissecting abscess of leg—operation—nitrous-oxide gas—syphilitic sarcocele—sloughing of scrotum—removal of gland—nitrous-oxide, 366.
Cancer of hand—amputation of forearm by TEALE's method—compound fracture of tibia involving head of bone—amputation through knee-joint—compound fracture of elbow-joint, 407.

Wills' Ophthalmic Hospital:

Gonorrhœal ophthalmia, 377; extract of cataract—new operation—traumatic cataract, 378.

University of Maryland:

Orchitis—fistula in ano, 332; nervous deafness—epithelioma—syphilitic ulcers—anasarca, 333.
Chancre—injury of hand and forearm, 360.
Necrosis, 379.
Nervous shock—necrosis of jaw from decayed tooth—hemorrhoids, 383; pathological specimens—1, ulceration of intestines, 2, cancer of pylorus, 394.

College of Physicians and Surgeons, New York;

Scrofulous synovitis of wrist, 378; hydrocele, hæmatocele, 379.

I.

Ice-bag in cholera, 323.
Ice, expansion of, 404.
Icterus, catarrhal, 53.
Ichthyosis, congenital, two cases in one family, 399.
Identity, a case of mistaken, 372.
Impotency, virile and spermatorrhœa, 313.
Inebriates, reformed, 376.
Infants, syphilitic disease of bones in, 191.
Injections, subcutaneous, danger of, 369.
Injuries causing death of PRESIDENT LINCOLN, 96.
Insane—hospitals for, and their curative use, 283; government hospital for, 398.
Insanity—climacteric in woman, 158; statistics of, 163; cured by castration, 263.
of, 196.
Insects—and the cholera, 403; influence of electricity on color
Intemperance, progress of, 152.
Intestines, ulceration of, 394.
Invalids, appliances for, 261; carriages for, 363.
Iodine—a new source of, 10; and blood corpuscles, 229; pure, local use of in inflamed glands, 223.
Iritis and pelvic cellulitis, mercurials in, 59.
Iron—effect of, on plants, 182; sulphate of in shingles, 330.
Iron-clads, healthfulness of, 406.

J.

Japan, meteorology of, 293.
Jaundice, 348; epidemic, 399.
Jaw, fracture of lower, 273.
JENNER, Dr—a statue to, 100; a memorial to, 117.
Joints, difference of sensibility of, 24.

K.

Keloid tumor, 249.
Kidney, movable, 382.
Knee-joint—anchylosis of, 140, 234; cartilage formed on, 251; inflammation of, with caries, 274.

L.

Labor—first stage of occurring during sleep, 51; relaxation of pelvic articulation after, 66; natural, placenta in, 169.
Laceration of new-born child, 97.
Lachrymal fistula, 168.
Laryngitis—chronic, 316; syphilitic, 331; and pharyngitis syphilitic, 408.
Laryngoscopy, remarks on, 375.
Larynx—fracture of, 255; removal of tumor from through pomum Adami, 285; tumors removed from, 395.
LEA & BLANCHARD, house of, 146.
Leanness, does animal food conduce to, 309.
Leg—gunshot wound of, 125; dissecting abscess of and operation, 366.
Lemon juice, 14.
Lemonade powders, 14.
Lens, and capsule, simultaneous extraction, 320.
Leprosy, committee of College of Physicians, 229.
Life—tenacity of as seen in gun-shot injuries, 152, 205, 299; statistics of, in England, 101.
Ligature of iliac artery, 206.
Lightning—a regiment of soldiers struck by, 27; deaths from, 116.
Lime water, inhalation of in croup, 171.
LINCOLN, PRESIDENT, injuries causing death of, 96.
Lint, substitute for, 421.
Lip—epithelioma of, 77; encysted tumor of, 236; upper, nævus of, 249.
Liquor, ammonia acetatis., 36.
Lithia salts, therapeutic properties of, 170.
Lithophagia, 309.
Liver and spleen—enlargement of, and nitric acid, 222; glycogenic functions of, 229.
Logwood, in traumatic gangrene, 115.
London, drainage and sewerage of, 178.
Lungs—gunshot wound through, 233; œdema and emphysema of, with hypertrophy of heart, 412.
Lupus exedens, 217.
Luxation—of radius, partial, 171; of humerus, 319; partial of lower end of tibia forward, 368.
Luxuries, ancient table, 195.

M.

Magnesium—149; and Hare's light in surgery, 26; light, 400.
Malposition of abdominal viscera, 191.
Malpractice, action for alleged, 270.
Malt as food, 15.
Man, antiquity of, 114, 180.
Mammæ, enlargement of and cancer, 41.
Mammary gland, scirrhus of, 93, 125.
Marriages, consanguineous, 83, 149.
Meat—raw, and alcohol in treatment of phthisis, 129; curing of, 44.
Mechanism of accommodation, 320.
Medical College, Berkshire, 341.
Medical journals, new, 419.
Medical—men, honors conferred on, 176; schools, 209; Association, British, 175; candidates for Parliament, 31; prize question, Boylston, 45; Journal in Canada, 132; Journals, new, 397; Department of Army, records of, 262; prizes, 325, 356; Jurisprudence, 244.
Medicine—French Academy of, incident in, 164; free schools of, 260; specialties in, 420.
Medicines, advertising of quack, 113.

MEDICAL SOCIETIES:—

Amendments of Constitution of American Med. Ass. 11; Med. Society of Ohio, 27, 29.
of Vermont, 39, 347.
Female, 46.
Association of Maine, 30; formation of 43; new, 45.
of Vermont, transactions of, 127.
of Philadelphia County, 147. 211, 251, 282, 302.
of Suffolk County, Mass., 380.

Discussions in Medical Societies.

Academy of Medicine, New York:—

Pathology of pneumonia, 317; luxation of humerus—intermittent fever, 319; treatment of pneumonia, 346.

Pathological Society, New York:—

Tumor growing from sheath of sciatic nerve—soft sarcomatous tumor of antrum of Highmore, 334.
Removal of tumor from antrum of Highmore—urinary calculus in a child—partial luxation of lower end of tibia forward—gunshot fracture of femur—necrosis of tibia, 368.

General cancerous deposit, 409; amputation of both arms, osteomyelitis, death, autopsy—cancer of testicle, 410; aneurism of left ventricle, with extensive calcareous deposit—scirrhus of stomach, 411; œdema and emphysema of lungs, with hypertrophy of heart—microscopical examination of tumor, 412.

Philadelphia County:—

Typhus fever, 251, 282, 302; report on cholera, 366; cholera, 423.

Vermont:—

Veratrum viride, 39; diphtheria, 40; enlargement of mammæ—cancer, 41.
Jaundice, 348; sciatica, 349.
Meningitis—cerebro-spinal, 22; spinal, 22.
Menorrhagia, intra uterine injections in, 311,
Menstruation, painful, 41.
Mental impressions, as a cause of deformity, 55.
Mercurials, in pelvic cellulitis and iritis, 59.
Meteorites, speculation on, 197.
Metrical system, 292.
Mexico, medical schools in, 403.
Michigan, University of, 398.
Microscope, new, of astonishing power, 83.
" and Buddhaism, 421.
Microscopical examinations of tumor, 412.
Military practice, cases in, 119.
Milk—fermenting in phthisis, 156; researches on, 405.
Modelling, clay and glycerine for, 421.
Monkey, diabetes in, 292.
Monster, antediluvian, 404.
Morphia—subcutaneous injections of, 56; prolongation of anæsthesia by, 57; and atropia, 97.
Mortality—in our great cities, primary causes, 131; of Providence, R. I., 147; in England, 227; in tenement-houses, 228; statistics, worthlessness of, in great cities, 260.
Muscle, sterno-cleido, spasms of, 350.
Museum, medical, of U. S. Army, visit to, 81.
Mushroom, poison of, 190.
Mydriasis and paralysis of accommodation cured by calabar bean, 231.

N.

Nævus—76; upper lip, 249.
Natural selections, 164.
Naval Academy at Annapolis, 48.
Navy news, (see Army.)
" report of Bureau of Medicine and Surgery for 1865, 406.
Necrosis, 380—and caries of foot, 218; of femur, 76; phosphor, 235; of jaw-bone, from decayed tooth, 393.
Neck, cystic tumor of, 141.
Nerve—sciatic tumor growing from sheath of, 334; division of pneumogastric, in man, 350.
Nervous disease, rare, 25; shock, 393.
Neuralgia in stump, reamputation for, 365.
Nitric acid, influence of in reducing enlargement of liver and spleen, 222.
Nitrous oxide as an anæsthetic, 100, 365, 366, 385, 395.
Nose—polyp of, 77; gelatinoid polyp of, 110, foreign body in 139.
Notes—taking, 65; on fever at Camp Big Springs, 364.

O.

Obesity, extraordinary, 402.

OBITUARIES:

Dr. Henry Southey—Dr. Felix Robertson—Dr. Jos. Hopkinson, 66.
Dr. McGuigan, 113, 118.
Dr. S. D. Willard, 133.
Prof. Remak, 230. 315.
Dr. Henry W. Ducachet—Dr. John Forest, 278.
Dr. George McCook, 293; Prof. J. L. Riddle, 292.
Dr. D. S. Conant—Dr. E. D. Bailey, 294.
Dr. Samuel Stuart Griffin, 358.
Dr. John Lindley—Dr. T. C. Madison—Dr. William Irvin, 390.
Dr. Henry Barth—Rev. Dr. H. W. Ducachet, 422.
Onanism, 236.
Onychia maligna, 217.
Orchitis, 332.
Ophthalmia—catarrhal, 56; scrofulous, 77; intermittent, 153; strumous, 234; gonorrhœal, 377; in the Belgian army, 233; strumous, with reflex contraction of orbic. palpebrarum, 394; gonorrhœal and purulent, use of pressure in treatment of, 414.
Ophthalmological society at Heidelburg, third annual meeting of, 319.
Ophthalmoscope—simple, 83; in diagnosis of hydrocephalus, 173.
Opium—and belladonna, antagonism of, 286; American, 341.
Os uteri, incisions into, 59.
Ovariotomy, 167, 395.
Ox gall, therapeutical uses of, 26.
Ozœna, 96.
Ozone, 287.

P.

Palate, hare-lip and fissure of, 218.
Paralysis—of bladder, 141, 282; of heart, 152; of arm, from carious tooth, 287.
Paris, increased salubrity of, 14.
Paronychia, 94.
Parsley leaves, resolvent properties of, 98.
Pathological specimens, 167, 345, 377, 394.
Pedestrianism, 113.
Pellagra, history and pathology of, 171.
Pelvic cellulitis and iritis, treated with mercurials, 59.
Pennsylvania, University of—centennial, 276; endowment of lectureships in, 27; appointment of lecturers, 338.
Pepsine wine, 78.
Periostitis, 95.
Peritonitis, with bronchitis after debauch, 51.
Petroleum gas—poisonous effects of, 187, 244; action of on human system, 181.
Pharmaceutical Association, American, 321, 396.
Pharmacy, school of, in Ohio, 321.
Pharyngitis and laryngitis, syphilitic, 408.
Phenic acid as an antiseptic, 389.
Philadelphia, Health officer of, 44.
Phosphates in bone, source of, 157.
Phosphor-necrosis, 235.
Phthisis—126; sugar in, 32; raw meat and alcohol in, 129; fermenting milk in, 156; curative treatment of, 174.
Physician, a brave, 404.
Physicians, association of, 81; accidents to, 262.
Pig, typhoid fever in, 154.
Placenta—in natural labor, 169; and umbilical cord, structure of, 174.
Plague—Russian, 13, 118; Oriental, 47; in Asia, 81; Siberian, 144, 292.
Plants—effects of iron on, 182; useful, 46.
Pleurisy, 392.
Pleuro-pneumonia, 159.
Plot, yellow fever, 31.
Pneumogastric nerve in man, division of, 350.
Pneumonia—pathology of, 317; treatment of, 346.
Poison—a new, 166; rattlesnake, 350; organic; physiological tests for, 174.
Poisoning—by a fly-bite, 31; syncope, asphyxia, 143; by mushrooms, 190; the Pritchard case and professional etiquette, 211; can it occur and the poison disappear, 223; attempted by strychnia, 277; by rattlesnake bite, treated with bi-sulphite of soda, 279; by veratrum viride, 369; by impure calomel, 372; by vine-disease fungus, 415.
Policy, short-sighted, 290.
Polydactylism, 354.
Polypus—nasal, 77; gelatinous, 110.
Potash—picronitrate of in trichinous disease, 24; chlorate of in phagedenic ulcers, 173.
Potassium—bromide of in strictures, 335; iodide of in inflammatory rheumatism, 335.
POTTS' disease of spine, 55, 67, 94.
Prayer and practice, 307.
Pregnancy—sickness of, 246; extra-uterine, 415.
Pressure, in gonorrhœal and purulent ophthalmia, 414.
Pride, sad result of, 293.
PRITCHARD poisoning case, 146, 210, 211.
Prostitution—licensed in Nashville, 180; regulating, 402.
Provost Marshal General's report, 61.
Pterygium, 108.
Ptosis, 95.
Pupil, operation for removal of membraniform obstructions from, 321.
Purulent infusion and death from, 181.
Pyæmia, 221.
Pylorus, cancer of, 394.

Q.

Quack—medicines, advertising, 113; vegetable pills, 399; doctors, how served in France, 404.
Quarantine—officers, 48; and commerce, 224.
Queer place for flannel shirt, 405.
Quinia—dose to be given in intermittent and remittent fevers, 103; and iodide of potassium in inflammatory rheumatism, 335.

R.

Rachitisme, 222.
Radius, partial luxation of, 171.
Rain fall of September 1865, 256.
Rattlesnake—bite treated with bi-sulphite of soda, 279; poison, 353.
Re-amputation of stump for neuralgia, 365.
Reason why, 353.
Rectum—prolapsus, effectual remedy for, 222; stricture of, operation and death, 247; scirrhus of, with fistula, 273.
Reptiles, venomous, bite of, 196.
Re-section and amputation of shoulder joint, 381.
Resident Physicians, association of, 81.
Respiratory activity, diminution of, 245.

Rheumatism—caries from and with, 249; acute, 301; inflammatory, quinine and iodide of potassium in, 335.
Rhus toxicodendron, 335.
Rib caries of, 236.
Russian plague, (see *Plague.*)

S.

Salts, strumatic, 339.
Sanitary condition of Wilmington, N. C., 28; regulations, international, 165.
Scald—adhesions from, 219; sulphate of zinc in, 232, 282.
Scalp—sebaceous tumor of, 54; wound with fracture of cervical vertebræ, 167.
Sciatica, 349.
Sciatic nerve, tumor growing from sheath, 334.
Scilla-maritima, composition and properties of, 172.
Scirrhus—of mammary gland, 93, 125; of rectum with fistula, 273; of skin, 236; of stomach, 411.
Scientific gifts, valuable, 357, 389.
Scrofulous ophthalmia, 77.
Sense, muscular, 344.
Seton, diabetes cured by, 291.
Sex, production of, 144, 154.
Sexes, proportion of born, 388.
Shingles, sulphate of iron in, 330.
Shock, nervous, 393.
Shoulder joint, re section and amputation of, 381.
Siberian plague, (see *Plague.*)
Sickness and mortality in the U. S. army, 65.
Silver, nitrate of and sulphate of copper in conjunctivitis, 207.
Simony, medical, 276.
Skin, pustular disease of, 24.
Skull—compound fracture of, 139, 237; fracture of, trephining, cerebral abscess, etc., recovery, 327.
Small-pox, statistics of, 261.
Smoking—292; arsenic with tobacco, 83.
Social evil and military authorities, 275.
Soda—sulphite of in erysipelas, 112; bi-sulphite of in rattlesnake bite, 279.
Spasms of sterno cleido muscle, 250.
Specialties and specialists, 63.
Spermatorrhœa, 313.
Spinal meningitis, disease, three forms, 222.
Spine—pathology and treatment of disease of, 67, 90; Pott's disease of, 55, 67, 94; curvature of, 140.
Splint, for fracture of lower part of humerus, 97.
Sponge, cleaning, 181.
Staphyloma, 149.
Starvation fever, 300.
Statistics—Provost marshal General's office, 13, 61; of stammering, 45; medical, of Veteran Reserve Corps, 47; of syphilis, 60; of sickness and mortality in U. S. Army, 64; curious, 84; of life in England, 101; of insanity, 163; of small-pox, 261; of weight, 375.
Stewards, hospital, rank and pay of, 176, 177.
Stimulants in treatment of fever, 57.
Stings, treatment of, 197.
Stomach—scirrhus of, 411; ulceration of, at cardiac orifice, 391.
Stone, operation for, 13, 64.
Strabismus convergent, 77, 329.
Strangulation, internal, of small intestines, 291.
Strictures—bromide of potassium in, 335; of rectum, 247; of urethra, 273.
Strychnia—lecture on, and medical use of, 1; attempted suicide with, 277; arsenite of, 286; alcohol as an antidote to, 339; in continued fever, 395.
Subcutaneous injections, danger of, 369.
Sugar in phthisis, 32.
Suicide, attempted with strychnia, 277.
Sulphate of zinc in burns and scalds, 232.
" of iron in shingles, 330.
Sulphites in zymotic diseases, 239.
Surgery—American, in Paris, 25; magnesium and HARE'S light in, 26; versus medicine, 64
Surgery, BAUER'S orthopædic, 339.
" French, 358.
Surgeons, compliment to, 48, 132.
Surgeon general's department for 1864, 47; abstract of report for 1865, 405.
Sutures, application of, in fractures, 189.
Syncope—asphyxia—poisoning, 143.
Syphilis—statistics of, 60; transmission of, by vaccination, 58; contagiousness of, 97; primary, 139; tertiary, 140, 141; hypodermic injections of calomel in, 191; *non*-transmission of, by vaccination, 256.
Syphilitic—disease of bones in infants, 191; sore-throat, 218; bubo, 219; laryngitis, 331; ulcers, 333; pharyngitis and laryngitis, 403; sarcocele, 366.
Syphilization, 142.

T.

Talc, application of, to burns and wounds, 197.
Talipes-varus, 94; equinus, 109.
Tea in a nut-shell, 31.
Teeth—artificial, how made, 387; decayed necrosis of jaw bone from, 393.
Temperance, 115.
Tempest in a tea-pot, 228.
Tenement houses, mortality in, 228.
Testes—strangulation of in the inguinal canal, 239.
Testicle—removal of, 366; cancer of, 410.
Tetanus, 23; from gun-shot wound of finger, 343.
Thermometer, value of, in diagnosis and prognosis of disease, 190.
Thigh, amputation of, acupressure, 123.
Thorax, penetrating wound of, 50.
Throat sore, syphilitic, 218.
Tibia—un-united fracture of, 250; partial luxation of lower end, forward, 368; compound fracture of, involving knee-joint, 407.
Tobacco, smoking arsenic with, 82.
Toe-nail—inverted, 140; deformity of, 141; ingrowing, 242.
Tongue, excission of, 173.
Tonsil—hypertrophy of, 54, 110; enlarged, 274.
Trafalgar, survivors of, 402.
Traumatic gangrene, logwood in, 115.
Traumatism, 150.
Travelers, safety of, 12.
Trichinæ, 191.
Tumor—sebaceous of scalp, 54, 78; fibrous of arch of palate; strumous, 109; cystic of antrum of Highmore, 125; cystic of neck, 141; fluctuating of the hip, caused by parasitic animals, 160; ovarian, 167; abdominal, 219; encysted of lip, 246; keloid, 249; on the side; on the head, 250; removal from larynx through pomum Adami, 283; growing from the sheath of the sciatic nerve, 334; soft sarcomatous of the antrum of Highmore, 334, 368; removed from larynx, 395; microscopical examination of, 412.
Turpentine vapor baths, 144 170.
Type, change of, in disease, 351, 386.
Types of man, fixity of, 45.

U.

Ulceration—of stomach at cardiac orifice, 391; of intestines, 394.
Ulcers—110; phagedenic, chlorate of potash in, 173; syphilitic, 333; of extremities, treated on Dr. Holt's plan, 345.
Umbilical cord and placenta, stricture of, 174.
University of Pennsylvania—centennial, 276; lectureships in, 27, 338.
Uræmic convulsions, 60.
Urethra—stricture of, 273; subcutaneous laceration of, in actu-coitionis, 280.
Urinary calculus in a child, 368.
Uterine displacement, influence of on the sterile condition, 240.
Uterus—incisions into mouth of, 59; mucus membrane of neck, 98; injections into in menorrhagia, 311; chronic inversion of, removal of organ, 415.

V.

Vaccination—syphilis, transmitted by, 58; failure in, 128; animal, 237; *non*-transmission of syphilis by, 256; protective power of, 353, 404.
Vaccine, how to preserve, 245.
Variola—and vaccinia, 59; relations to vaccine, 237.
Vapor bath—for cure of hdyrophobia, 114; turpentine, 144, 170
Veins, varicose, 395.
Ventilation, 179.
Vermifuge, 10.
Vesico-abdominal fistula, 217.
Vine disease fungus, poisoning by, 415.
Viscera, abdominal, malposition of, 191.
Vocalization, 164.

W.

War, ravages of, 227.
Water, ebullition of, 181.
Weeklies, literary, 162.
Where shall I locate? 351.
Who are toughest? 229.
Will case, 194.
Wine—persine, 78; improvement of, 83; on side-board, 147; sophisticati n of, 149.
Women, climacteric insanity in, 158.
Wounds—penetrating of heart, 85; gun-shot of wrist, 95; gun-shot of hand, 110; of leg, 125; of humerus, 141; gun-shot through lungs, 233; of head, 291; talc as an, application in, 297; gun-shot of finger, tetanus from 343; gun-shot of head, 381.
Wrist—ganglion of, 95; scrophulus synovitis of, 378.

Y.

Yale College, medical department of, strictures on circular, 63.

Z.

Zinc, sulphate of, in burns and scalds, 232.
Zoophytes, myriad, 196
Zymotic disease, use of sulphites in, 239.

ORIGINAL CONTRIBUTORS TO THIS VOLUME.

Batwell, E.—
Cases from an Army Surgeon's note-book, 50; successful amputation at hip-joint, 188; penetrating wound of head, 291; "walking fever," 364.

Bates, J. W. P.—
Clinical reports, 332, 379, 393.

Bauer, Louis—
Surgical contributions, 247, 270, 280, 318.

Bullock, W. T.—
Reports of Clinics, 54, 76, 93, 108, 125, 139.

Bunting, Ross R.—
Is there albuminuria in epilepsy? 87, 104.

Butler, L. C.—
Medical Society of Vermont, 39, 127.

Byrnes, Thomas—
Liquor ammoniæ acetatis, 36.

"Caduceus"—
Rank and pay of hospital stewards, 178.

Clark, Alonzo—
Pathology of pneumonia, 317.

Condie, D. F.—
Typhus fever, 251.

Cowan, Geo.—
Remittent fever, 69; polydactylism, 354.

Crook, O.—
Intra-uterine injections in obstinate menorrhagia, 310.

Cutter, Ephraim—
Remarks on laryngoscopy, 376.

Da Costa, J. M.—
Bright's disease; diabetis insipidus, 7.
Cirrhosis, attended with ascites, 37; abdominal hysteria, 38.
Peritonitis and bronchitis after debauch, 51; Duchennes' disease, 52; catarrhal icterus, 53.
Cardiac asthma, 75; case of mixed fever, 76.

Dutcher, A. P.—
Lecture on strychnia, 1.

Farnsworth, P. J.—
Pritchard poisoning case, 211; case of gun-shot wound through the lungs, 233; alcohol as an antidote for strychnia, 339; ulceration of stomach at cardiac orifice, 391; epidemic jaundice, 399.

Francis, S. W.—
Biographical Sketches of
A. H. Stephens, M. D., 5.
Willard Parker, M. D., 17.
Gurdon Buck, M. D., 34.
Julius Stephen Thebaud, M. D., 72.
Stephen Smith, M. D., 295.
Alexander E. Hosack, M. D., 359.

Freeman, J. N.—
Anæsthesia from internal use of chloroform, 354.

Ford, W. H.—
Hospital reports, 7, 37, 51, 75.

Geiger, A.—
Use of veratrum viride in convulsive diseases, 49.

Gross, S. D.—
Hypertrophy of tonsils; sebaceous tumor of scalp, 54; Pott's disease of spine, 55.
Nævus; necrosis of femur, 76; hypertrophy of bursæ over olecranon process; case of club-thumb; convergent strabismus; epithelioma of lip; scrofulous ophthalmia: polyp of the nose, 77; sebaceous tumor; anchylosis of finger, 78.
Scirrhus of mammary gland, 93.
Paronychia; talipes varus; Pott's disease of spine; epithelioma, 94; fibrous tumor of arch of palate; strumous abscess; periostitis; hare-lip; gun-shot wound of femur; ganglion of wrist; ptosis, 95; ozœna, 96.
Pterygium; cystorrhœa; foreign bodies in air-passages, 108; primary syphilis; tallipes equinus; fatty tumor, 109; gelatinoid polyps of nose; hypertrophy of tonsils, 110.
Gun-shot wound of leg; strumous abscess; partial anchylosis of shoulder-joint; scirrhus of mammary gland; cystic tumor of antrum of Highmore, 125; phthisis; epithelioma; housemaid's knee, 126.
Foreign body in nose, 139; staphyloma; tertiary syphilis; anchylosis of knee-joint; curvature of spine; partial anchylosis of knee-joint, 140; inverted toe-nail; deformity of toe; cystic tumor of neck; tertiary syphilis; gun-shot wound of humerus; erysipelas of face, 141.
Lupus exedens; onychia maligna; popliteal aneurism; forced flexion, 217; abscess in lumbar region; hare-lip and fissure of palate; caries and necrosis of the foot; syphilitic sore-throat, 218; syphilitic bubo; adhesions from scalds; abdominal tumor, 219.
Anchylosis of knee; umbilical hernia; chronic hiccup; strumous ophthalmia, 234; phosphor-necrosis, 235; scirrhus of skin; encysted tumor of lip; caries of rib; onanism, 236; hydrocele; fracture of skull; enlarged axillary gland, 237.
Nævus of upper lip; cheiloplastic operation; keloid tumor; caries from and with rheumatism, 249; un-united fracture of tibia; tumor of side; tumor of head, hypertrophy of bones; spasm of sterno-cleido muscle, 250; cartilage formed on knee-joint, 250.
Stercoraceous abscess, 272.
Gangrene of feet from frost-bite; club foot; scirrhus of rectum, and fistula: fracture of lower jaw; stricture of urethra, 273; enlarged tonsils; inflammation of knee-joint and caries, 274.

Intra-capsular fracture of femur; caries of metatarsal bones from glass; amputation at hip-joint: gonorrhœa, 281; ingrowing toe-nail; paralysis of the bladder: scald; carbuncle; soft chancre, 282.

Helm, W. H.—

Penetrating wound of heart, 85.

Hombergcr, Julius—

Specialists and specialties, 152.

Hupp, J. C.—

Biographical sketch of Dr. Joseph Thoburn, of W. Virginia, 19.

Keen, W. W.—

Clinical reports, 217, 234, 249, 272, 281.

Keyes, Flint L.—

Smoking arsenic with tobacco, 82; citric acid in phosphatic gravel, 138; sulphate of iron in herpes zoster, 230; sulphate of zinc in burns and scalds, 232; ulcers of extremities, treatment of, 344.

Keyser, Peter D.—

Mydriasis, and paralysis of accommodation, cured by Calabar bean, 230.

Lee, Benjamin—

Pathology and treatment of disease of spine, 67, 90.

Leavitt, T. L.—

Tenacity of human life in cases of gun-shot wounds, 151, 205, 299.

Lehlbach, C. F. J.—

Cases in military practice, 119.

Levis, R. J.—

Gonorrhœal ophthalmia, 377; traumatic cataract, new operation for; cataract, 378.

Lowrie, H. H.—

Plural births, 33.

Ludlow, J. L.—

Ascites, with anasarca of lower extremities; starvation fever, 300; acute rheumatism; typhus fever, 301.

Chronic laryngitis, 316.

Dropsy; syphilitic laryngitis, 331; typhus fever, 332.

Pathological specimens; typhoid fever, 345.

Acute bronchitis, 376; pathological specimens, 377.

Pleurisy; aneurism of abdominal aorta, 392.

Pharyngitis, and laryngitis syphilitic, 408; constipation, 409.

Markoe, T. M.—

Scrofulous synovitis of wrist, 378; hydrocele; hæmatocele, 379.

Marshall, J. H.—

Insanity cured by castration, 363.

Mitchell, Geo. K.—

Enteremphraxis, 103.

Morgan, C. R.—

Reports of Clinics, 123, 139, 157, 167, 365, 377.

Moon, W. P.—

Tetanus from gun-shot wound of finger, 343.

Milligan, F. H.—

Congenital ichthyosis, 399.

Morton, T. G.—

Amputation—acupressure, 123; hydrocele, 124.

Carbuncle; compound fracture of skull, 139.

Fracture of vertebræ, with wound of scalp; hydrocele; morbid specimens, 167; fistula lachrymalis, 168.

Re-amputation for neuralgia, 365; anæsthesia by nitrous oxide gas, 365; dissecting abscess of leg; syphilitic sarcocele; removal of testes: nitrous oxide, 366.

Cancer of hand; amputation of fore-arm by Teale's method; compound fracture of tibia, involving head of bone—amputation through knee-joint; compound fracture of elbow-joint, 407.

Mülig, Dr.—

Account of cholera in Constantinople, 263.

McSherry, H. F.—

Anasarca, 333.

Pathological specimens, 394.

Nebinger, A.—

Cholera; typhus fever, 251; cholera, 423.

Oppelt, E. A.—

Quinia to be given in intermittent fever, 103.

Parry, J. S.—

Vesico-abdominal fistula, 217.

Paul, James—

Food and the teeth, 185, 199.

Peck, W. F.—

Fracture of skull—trephining—cervical abscess and recovery, 327.

Phillips, H. J.—

The cholera, 308.

Sargent, Eli D.—

Cardiac paralysis, 152.

Shaw, W. S.—

First stage of labor in sleep, 51.

Shew, A. M.—

Clinical reports, 300, 316, 331, 345, 375, 392.

Smith, N. R.—

Orchitis; fistula in ano, 332; nervous deafness; epithelioma; syphilitic ulcers, 333.

Necrosis, 379; chancre; injury of hand and fore-arm, 380.

Nervous shock; necrosis of jaw from decayed teeth; hemorrhoids, 393.

Staples, G. M—

Case of poisoning by rattlesnake-bite, treated with bi-sulphite of soda, 379.

"Student"—

Benzole gas, 187.

Taliaferro, W. T.—

Cholera, 345.

Thornton, S. C.—

Spinal disease, three different forms, 22; internal strangulation of small intestines, 291.

Traver, W. H.—

Hernia cerebri successfully treated, 63.

Turnbull, L.—

Diseases of internal ear, 70, 88, 106, 121, 135; diseases of the eye, 215, 267.

Waller, Tracy E.—

Attempted suicide by strychnia, 277.

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Lectures.

A LECTURE ON STRYCHNIA.

Its Nature, Chemical Tests, Physiolgical Test, Action, Quantities taken, Post-Mortem Appearances, Medical Use, Diagnosis, and Treatment.

By A. P. Dutcher, M.D.,

Professor of the Principles and Practice of Medicine in the Cleveland Charity Hospital Medical College, Ohio.

[Continued from Vol. xii. page 587.]

VI. MEDICAL USE OF STRYCHNIA.

Strychnia has been employed for several years very extensively in the treatment of many diseases, more particularly those of a chronic character, such as hemiplegia, paraplegia, amaurosis, epilepsy, amenorrhœa, ague, dysentery, rheumatism, neuralgia, hysteria, palsy of the bladder, lead palsy and lead colic. Dr. Neligan was the first to recommend it in the latter disease. He gave the sixteenth part of a grain, three times a day. Relief generally took place in forty-eight hours. The bowels act, and the disease subsides. All writers caution against the use of strychnia in recent cases, or while general reaction prevails, or when signs exist either of local irritation in the brain or spinal cord, or of determination of blood to the brain.

"Strychnia," says Headland, "causes a contraction of the muscles by stimulating the motor centers, and originating in them an impulse which is propagated along the motor nerves. So that when these centers are diseased, or the continuity of the fibres destroyed, it is unable to exert its power. It is used as a medicine in paralysis. But when the lesion is of recent occurrence in the nervous centre, or when it has been of so serious or extensive a nature as to admit of no repair in the course of time, the remedy will be ineffectual. It is only successful where the continuity of the nerves is complete, and where the nervous centres are in a measure sound. It is also of use when the motor system of nerves is depressed or deranged, as in hysteria and chorea."

Strychnia may be either administered in the form of. pill or solution. The pills may be made by rubbing and thoroughly mixing in a mortar' one grain of strychnia with twenty grains of well-dried bread crumbs, or a few grains of the extract of gentian; the mass to be divided into sixteen pills. One of these may be given every eight hours, until muscular twitching is produced. In some cases it will be necessary to gradually increase the dose, until this effect is produced. It should not be carried beyond this point. If its effects should prove too severe, it may be discontinued for two or three days, when smaller doses may be given.

When used in paralysis, it must be given in doses sufficient to affect the muscular system very sensibly, and be continued for weeks, or it will do no good. I have known instances where improvement has taken place very quickly, and the cure has been perfected in a very short time. But in the great majority of cases the amendment will be slow, and the remedy have to be perseveringly used for a long time.

With many practitioners M. Hall's solution of strychnia, is a very common remedy for hysteria and chorea. It is prepared as follows:

℞.	Pure crystals of strychnia,		grs. xvj.
	Alcohol and water,	āā	f.℥viij.
	Tinct. of cardamum comp.,		f.℥jss.
	Acetic acid,		f.℥ss. M.

Dose—20 to 30 drops three times a day.

In chlorosis strychnia is a very important therapeutical agent; it assists the action of iron most wonderfully. And for several years past I never think of giving a patient afflicted with this disorder, iron without combining it with strychnia. In this case we need something more than a restorative hæmatic; the inervation is languid and very deficient, hence the demand for a nerve stimulant, and in strychnia we have the agent to fill the bill of our wants. Here is my favorite prescription for chlorosis:

℞.	Sulph. ferri,	℥j.	
	Pulv. myrrh,	℥ij.	
	Strychniæ,	gr. ij.	
	Ext. gentianæ,	℥j.	M.

Ft. mass. et divide in pill. No. 60.

Sig: 2 pills three times a day, immediately after each meal.

In habitual constipation of the bowels, depending upon inertia, strychnia is frequently very use-

ful, and I am in the habit of prescribing it according to the following formula:

R.	Ext. colocynth. comp.,	ʒj.	
	Podophylline,	gr. iv.	
	Ext. rhei,	gr. xxx.	
	Ol. carui,	gtt. xv.	
	Strychniæ,	gr. ij.	M.

Ft. mass. et divide in pill. No. 30.

Sig: One pill morning and evening, until the bowels are freely moved, when one may be taken every night on retiring to rest, or every other night if they should act too much upon the bowels.

In the nausea and vomiting which sometimes attend oxalluria and phosphuria, I am acquainted with no medical agent that will relieve these symptoms more speedily. It may be employed with nitric and muriatic acid, thus:

R.	Acidi nitrici,	f.ʒj.	
	Acidi hydrochlorici,	f.ʒij.	
	Strychniæ.	gr.j.	
	Aquæ destil.,	f.ʒj.	M.

Sig: 8 to 10 drops three times a day, in a wineglass full of mint tea.

In the chronic rheumatism of old people, and individuals who have abused themselves by hard labor, and exposure, strychnia in combination with cod liver oil, has in my hands proved a very useful remedy.

Twenty drops of Hall's solution, or even more, in a tablespoonful of cod liver oil should be administered three times a day, about two hours after each meal, and where the urine is not secreted in abundance, a large teaspoonful of the acetate of potassa may be added. Strychnia when given alone will sometimes prove successful, but by giving it in connection with the medical agents just mentioned, you will find by happy experience that its remedial efficacy is greatly enhanced, and you should not fail to give it in doses sufficiently large to produce a decided effect upon the system; any thing short of this will not accomplish a cure in this most obstinate disease. Some writers consider strychnia a specific for chronic rheumatism. I would caution you against such pretentions, for experience has proved them to be false.

Strychnia is also employed externally, through the means of a fresh blistered surface. In amaurosis and facial neuralgia, it is used in this way. I once cured a very obstinate case of paralysis of the sphincter ani, in a man aged 55, by blistering the perinæum, repeatedly, and sprinkling a fourth of a grain of the alkaloid over its surface three times a day. Previous to this the medicine had been given internally four weeks without any apparent improvement. Strychnia is absorbed from fresh blistered surfaces very easily and rapidly; hence it should be used cautiously, from a fourth to half a grain, sprinkled on once or twice a day, is sufficient in most cases to accomplish the desired end.

There is one thing in regard to the administration of strychnia, that should never be lost sight of; and this is, the possibility of its accumulating in the system in such quantities as in the end to suddenly destroy life. I am aware that this is ignored by some writers. Dr. Christison, in his Dispensatory, says, "that it is not a cumulative poison, like mercury and digitalis." But there are cases on record which show very conclusively that it is, and I have met with several instances in my own practice, where it came very near proving fatal to the patient. I remember one case in particular; it was that of a middle aged woman, who I attended with diphtheria. Some ten days after convalescence, on rising from bed in the morning, I found that she could not swallow without great effort; there was partial paralysis of the muscles of deglutition. I ordered her the following:

R.	Ferri citrat.,	ʒj.	
	Sulph. quiniæ,	gr. xxx.	
	Strychniæ,	gr. ij.	
	Ext. gentianæ,	ʒj.	M.

Ft. mass. et divide in pill. No. 30.

Sig: One pill every eight hours.

On the seventh morning I found her very much improved; the paralysis was disappearing slowly, and by a very strong effort she could swallow a few articles of solid food. As she experienced no disagreeable effects from the medicine, it was continued as directed above. On the morning of the tenth day I was summoned in haste to see her; she was laboring under pretty severe tetanic spasms. They continued at intervals of about twenty minutes, until two o'clock, when they ceased. The patient now appeared to be very much exhausted, but by the use of stimulants she speedily rallied, and to her great joy, every vestige of the paralysis had vanished. This case impressed me very forcibly with the cumulative properties of strychnia, and the necessity of exercising a fair amount of caution in its administration. Some systems, are also more susceptible to its action than others, and a dose that will scarcely be felt by one individual, will produce in another the most disagreeable effects. "I have known," says Dr. Wood, "a lady to be thrown into violent and even alarming spasms, almost threatening suffocation, by one-twelfth of a grain of strychnia." Let me caution you again then, to be very careful when you prescribe strychnia, to whom you prescribe it, and how you prescribe it, for it is a therapeutical agent of vast power, either for good or evil.

VII. DIAGNOSIS OF STRYCHNIA POISONING.

As cases of poisoning by strychnia are becoming more common every year, its diagnosis is a matter of considerable importance. I have not the least doubt but many individuals have been murdered with strychnia, while the cause of their death has been attributed to epilepsy, apoplexy, hydrophobia, or tetanus. In the absence of a knowledge of the fact that the alkaloid has been taken, are there any special symptoms to distinguish it from either of the disorders just named? Dr. S. H. Bennett, in the Edinburgh *Medical and Surgical Journal*, July, 1854, describes a case of poisoning with strychnia, which might have been easily mistaken for a case of hydrophobia by a less experienced practitioner.

The patient, when first seen, which was about an hour after the poison had been taken, was in a rigid and trembling state, and the face almost manical in its expression. This was soon followed by a violent tetanic convulsion. Between the fits, she did not utter any expression of alarm, but would occasionally request a little water. The muscles of the jaws remained so rigid between the spasms that the attempt to introduce the stomach-pump was unsuccessful, and although some strong emetics were drank, it repeatedly occurred that the attempt of the patient to take liquids was followed by so violent a spasmodic fit as to prevent her swallowing them, and to give that apparent dread of water so well marked in cases of hydrophobia.

During the tetanic fit, the whole body was stiffened and straitened, the neck violently drawn back, the chest flexed, the eyes protruding from their sockets in a horrible manner, the legs pushed out and widely separated, the muscles of the face convulsed, pulse imperceptible, and no breathing could be perceived; the face was livid, more particularly the lips, and froth issued from the mouth. The pupil was also dilated during the paroxysm. It was impossible to produce any relaxation of the body during a fit, and if moved, the whole body remained in its rigid condition. As soon as death had taken place, which was in an hour and a half, the limbs relaxed, the face and lips gradually lost their livid hue, and became, as well as the body, extremely pallid.

In poisoning by strychnia, there is commonly no dread of water or other liquid. In hydrophobia, this constitutes its chief characteristic; the very sound of water will excite the most powerful spasms. Another marked difference between hydrophobia and strychnia poisoning is the state of the mental faculties. In the first disorder, the patient is delirious, and sometimes almost ungovernable; in the latter, the mind is clear, and with the exception of a feeling of alarm, varying somewhat in intensity in different cases, the individual is calm, when not under the influence of the spasms.

The history of the case will also furnish a clue to the diagnosis. In hydrophobia, premonitory symptoms will manifest themselves for several days before spasms occur. The patient will complain of pain or some unusual sensation in the situation of the bite. In a few days, his manners become hurried and irritable; he speaks of pain and stiffness, perhaps, about the neck and throat; unexpectedly, he finds himself unable to swallow fluid, and every attempt to do so brings on a paroxysm of choking and sobbing of a very painful kind to behold; and this continues for two or three days, until the patient dies exhausted. In poisoning by strychnia, the invasion of the spasms is sudden, and the case terminates in a few minutes, or hours at the utmost.

The difference between tetanus and poisoning by strychnia is very marked. The difference consists mostly in the state of the jaws. In poisoning by strychnia, the jaws are only spasmodically closed during the violence of the paroxysm; the moment it subsides, they are easily opened. And, indeed, sometimes the individual lies with his mouth open during the interval between the spasms. This is not the case in tetanus; the jaws are permanently shut, and remain so until the disease terminates, which is most always fatally.

Dr. R. Adams, in his excellent article on strychnia, says, "that the diagnosis between ordinary tetanus and that form produced by strychnia, will be found by looking to the expression of the countenance rather than to any other single phenomenon. This expression is admitted by all to be most peculiar, and once looked upon with attention, it cannot be forgotten. The forehead is wrinkled transversely, and in the perpendicular direction, the eyebrows being drawn in a remarkable manner toward each other; the eyes are not fully opened, the nostrils are more or less dilated; the angles of the mouth are drawn backward and a little upward. These characteristic marks become momentarily exaggerated at every paroxysm."

Strychnia tetanus is also in its progress to a fatal result, much more rapid in its course than ordinary tetanus. The hands, in strychnia tetanus, are early and severely affected; in ordinary tetanus, the hands are the parts of all others, the last and the least affected. A rigid condition of the muscles exists in both cases, not only during

the actual paroxysm, but also during the interval between them. And this rigidity frequently remains after death, as a marked feature of the tremendous nervous and muscular disorder which has preceded the dissolution of the individual.

VIII. CONCLUSIONS AND TREATMENT.

There are five things in relation to strychnia which I regard as pretty well established.

1st. It is absorbed with great rapidity from the stomach and recent wounds.

2d. It is taken up by the blood and carried into all parts of the system.

3d. It acts as a special stimulant, principally upon the medulla oblongata and nervous centres downward, affecting the motor more than the sensory branches.

4th. It is chiefly through the urinary excretion that it is eliminated from the system.

5th. That as yet no chemical antidote has been discovered.

In view of the last fact, what course of treatment should be pursued when an overdose has been taken? If we have no chemical antidote, what are we to do? The indications, I think, are very plain. In the first place, the stomach must be thoroughly evacuated. This, to be of any use, must be done in a very few minutes after the poison has been taken. If delayed beyond twenty minutes, a quantity sufficient will be absorbed to do all the damage it is capable of doing. The stomach-pump should be used immediately. Emetics are too tardy in their action to meet our wants in this case. Milk, or a solution of *tannin*, (℥ij to Oiv,) may be repeatedly injected into the stomach to remove the poison. If after this, no spasms occur, or are very slight, we may leave the case to the action of the vital forces to expel the remainder of the poison from the system. I am perfectly satisfied that very many of these cases will recover without any treatment, providing the dose has not been sufficiently large to destroy the patient's life during the first hour. Individuals who die after this time, succumb to some special complication, or die from the medical treatment. I am acquainted with one case where a young man took *two grains* of strychnia, with a view of self-destruction, and survived twelve hours. But it was not the strychnia that destroyed his life. He died from the effect of enormous doses of morphia, that were administered for the purpose of arresting the spasms.

I have known several instances where individulas have suffered the most alarming spasms, from taking an overdose of strychnia, and recover without any medical treatment. Here is a case in point. I transcribe it in full from my case-book:

June 7, 1846. Called this morning in haste to see Mr. B., aged 51. His wife informed me that he had had three very severe convulsions. That not feeling very well, he had taken five pills, about an hour before. When I approached him, I found that his muscular system throughout was rigid and trembling, and his countenance bearing marks of excitement and alarm. While in the act of examining the pulse, he was seized with a most violent convulsion, during which the whole body was convulsed; the neck was drawn back, the chest fixed, the eyelids were thrown wide open, and the pupils very much dilated. The face was livid, and froth issued from the mouth. The pulse was imperceptible, and the respiration suspended. This spasm lasted about five minutes.

When it left him, the pulse returned, and the respiration was only partially restored. The rigidity and trembling of the muscles continued. His jaws were partially relaxed, but he could not articulate a word; and on attempting to give him some medicine, I found he could not swallow. In about fifteen minutes he had another spasm, but not quite so violent as the first. I again attempted to give the medicine, but failed. After this, he had four spasms, at intervals of about twenty-five minutes. When they ceased, he appeared exhausted, and fell into a quiet sleep.

When I called in the evening, he was very comfortable: and after a little conversation in regard to his symptoms, he very jocosely asked if I knew what had been the cause of his fits. I suggested several things, but they were unsatisfactory. At last he informed me that the pills contained strychnia, about a grain and a quarter in all. They were some pills that had been left by a horse-doctor, a long time ago, for a sick filly, and having been placed in a box where they kept their medicines, he took them in a mistake. He recovered without any medicine.

When, however, the spasms are very violent, and threaten the life of the patient, we should by all means attempt to arrest them. The best known therapeutic agent for this purpose is CHLOROFORM. When inhaled, it has been known, on several occasions, to arrest the most violent tetanic spasms in a few minutes. Chloroform will suspend the characteristic action of strychnia, until the system has had time to eliminate the poison by the usual channels. Dr. LOWRIE in his remarks on the practical use of chloroform inhalations in poisoning by strychnia, says: "There is

a dog in this room to which a poisonous dose of strychnia was given twelve hours ago. That dog has been kept under the influence of chloroform during that period, and hitherto, no symptom of its having swallowed strychnia has shown itself; we hope that we may keep it alive until the kidneys shall eliminate the whole of that strychnia. But even should we be disappointed in this, (he was disappointed, for the dog died sixteen hours afterward,) we must not conclude that it is a useless remedy. On the contrary, by suspending the action of the poison and prolonging life, it will give time for the use of the stomach-pump, and the exhibition of emetics, and enable us to sustain the strength by enemata. Further, if an antidote should ever be discovered, chloroform may be found to suspend the action of the poison, until the antidote shall altogether neutralize it."

To eliminate the poison from the blood, the oil of turpentine is superior to every other medical agent that I am acquainted with. When used in connection with alcohol, it is an active and powerful diuretic. Turpentine is absorbed very speedily, and enters the circulation nearly unchanged. When mixed with blood, it will readily dissolve any vegetable alkaloid that may be contained in it. For this purpose, I am in the habit of prescribing it as follows:

R.	Alcohol,	f.℥ss	
	Ol. terebinth.,	f.℥j.	
	Mucillag. acaciæ,	f.℥iij.	M.

This may be given at one dose. If it does not have the desired effect in one hour, it may be repeated. In poisoning by strychnia, I am confident that this is the best remedy that we can employ to eliminate the poison from the system. Given in this way, it will also sustain the flagging energies of the system when the spasms have subsided, for it is a general stimulant as well as a diuretic. But we should not forget that strychnia itself augments the flow of urine, and in this way becomes an important means of its own elimination. It is for this reason that we have concluded that in the milder cases of strychnia poisoning, it is better to leave them in the hands of nature, who will always interpose in their behalf, and expel the enemy from the citadel of life. That she has the ability to do this, is abundantly evident from the case that I have just cited, and also from the case of Dr. WEBSTER, who, on the night he was arrested for the murder of Dr. PARKMAN, took *two grains* of strychnia, and recovered without medical treatment.

Communications.

BIOGRAPHICAL SKETCHES
OF
Distinguished Living New York Surgeons.

By SAM'L W. FRANCIS, M. D.,
Fellow of the New York Academy of Medicine.

No. 11.

Alexander H. Stevens.

"Ιατρικη Παυδαματειρα."

ALEXANDER H. STEVENS was born in the city of New York, on the fourth day of September, 1789, and, though 76 years of age, and having retired from the busy pursuits of an active professional life, he still cherishes the same love for his honorable calling, and enters fully into all the interesting details of a physician's experience. His father, EBENEZER STEVENS, of Revolutionary repute, formed one of the memorable party, that, urged on by indomitable courage and upright integrity, boarded the vessels in Boston harbor, and cast the taxed tea into the waters of that port. During the war between America and the oppressing English, he enlisted in the Federal army, and fought bravely at the respective battles of Saratoga and Yorktown, having been promoted to the responsible rank of colonel of artillery. At the close of the war, Colonel STEVENS married Miss LEDYARD, whose noble brother, Colonel LEDYARD, fell at Groton. Her nephew was the celebrated traveller, LEDYARD, whose experience has been so instructively portrayed for the benefit of those who entertain a sympathy with adventure and a desire to learn.

At ten years of age, young ALEXANDER was placed under the supervision of JOHN ADAMS, who prepared him for college in a select school at Plainfield. When but fourteen years old, ALEXANDER was so well prepared in the classical and mathematical branches of study, that he entered Yale College, and remained faithful to his post till he was graduated Bachelor of Arts, with high honors, in the year 1807.

Exhibiting a fond desire to become an M. D., ALEXANDER entered the office of Dr. EDWARD MILLER, where the preliminary principles of anatomical knowledge were instilled into his tentative mind. He then attended one course of medical lectures in the College of Physicians and Surgeons, and subsequently a second one in the University of Pennsylvania, from which latter institution he received his diploma, having been formally graduated. Dr. STEVENS' Thesis "On the Proximate Cause of Inflammation," received the

praise of many learned writers, prominently among whom was Dr. Rush.

Desirous of benefitting by the experience of European philosophers in surgery, young Stevens took passage in a sailing vessel for France in the year 1811, about the time that England sought to rule over American seas and United States merchantmen. As fate would have it, he was captured by "an English cruiser," and after some delay, landed at Plymouth. Availing himself of the present circumstances, the Doctor wended his way to the schools of London, and sat under the erudite Cooper, at the same time attending the comprehensive lectures of the appreciated Abernethy. In the following year, he left the British Isles, and visited Paris, availing himself of the clinical advantages that were unfolded by the experienced Boyer and popular Baron Larrey. Meanwhile, active part had been taken between England and his native country; the Atlantic Ocean sustained warlike vessels of both countries, and it was his fortune to fall in with a British cruiser on his return to the United States. He was taken prisoner a second time, and relanded at Plymouth, where he remained until the proper papers could be taken out and signed, when he was permitted to return to New York in a cartel. Immediately on his arrival, he was created surgeon in the army, a position in which he saw much of practical importance, and proved himself not wanting in efficient usefulness.

Not long after this, Dr. Stevens was called to fill the chair of Professor of Surgery in the New York Medical Institution; and in 1814, we find him lecturing to ambitious students and discoursing on the play of muscles. In 1818, he was chosen to officiate under the responsible obligations of Surgeon to the New York Hospital, where he at once carried out the European plan of bedside demonstrations and clinical treatment. This course of instruction was also being followed by Dr. Valentine Mott. A cotemporary of that time said in my presence that it was exceedingly interesting to see the admiring students crowding round these two expounders of the art of cutting, unfolded, as it was, on two distinct and separate principles. Dr. Stevens remarked before the Academy of Medicine, in speaking of Dr. Mott's death, that it had been his (Dr. Steven's) habit not unfrequently to cut in a manner purposely avoiding neatness, in order to show his students that patients could get well without that delicacy of manipulation and nicety of treatment which some surgeons deemed so essential. On the same occasion, he also stated that he had never known any surgeon who possessed that power of resource in difficult and dangerous emergencies, which seemed so natural to Dr. Mott. In 1825, he was chosen Professor of Surgery in the College of Physicians and Surgeons.

Dr. Stevens continued to be connected with this and the New York Hospital till his health began to fail, when, in 1838, he resigned his place, and confined himself more particularly to the duties of consulting surgeon in public and private practice. A suitable testimonial was drawn up by those connected with the New York Hospital and the College, and presented to Dr. Stevens with appropriate remarks. About this time, he was elected by the regents Emeritus Professor of Surgery, and also Consulting Surgeon to the New York Hospital, which latter appointment was made by the Governor. A truthful portrait of the Doctor's expressive features was presented by his attached class to the New York Hospital, and was hung on the walls of the Governors' room.

In 1841, Dr. Stevens was appointed President of the College of Physicians and Surgeons, by the regents, and continued to fill that honorable position for many years. The New York State Medical Society saw fit to nominate and elect Dr. Stevens as their President, and when he delivered an able address before the assembled members, both Houses of the Legislature, and other prominent citizens voted for its publication for the benefit of those who had not heard it, and the additional interest of those who had.

Dr. Stevens' literary attainments in the way of reading and general culture, together with his high standing as a practical surgeon, caused him to be publicly honored by having the title of LL.D., conferred upon his name. In the following year, 1847, he was created Vice-President, and, in 1848, President of the American Medical Association, in which useful organization he has taken the liveliest interest. Not a few of the important acts in this Association are indebted to Dr. Stevens' wise forethought for their first inception.

Not long since, Dr. Stevens retired altogether from the practice of physic, and the equally responsible office of operating surgeon. Being enamored of the rich simplicity of a rural life, he has taken up his residence at Lloyd's Neck, Long Island, where his leisure moments are passed in recording for the benefit of future generations the events of the past, and his experience of a varied and interesting life. This autobiography will no doubt find its way to the shelves of many who feel a kindred love for similar subjects. Dr. Ste-

VENS has devoted more of his life to acting, reading, and thinking, than writing; but though his works are few in number, many of the facts contained in them have brought to light important details, and proved of interest to aspiring surgeons. Most of them are to be found in the medical periodicals of the day. In the operating field, Dr. STEVENS has likewise endeavored to ascertain more about present operations and improvements upon them, rather than seek to explore new regions or propose a novel treatment. His suggestions in relation to Almshouses, and particularly the welfare of the Insane, have been of service in bringing the subject before the proper authorities, and roused the sluggish minds of political speculators to an active sense of their responsibilities.

Hospital Reports.

PHILADELPHIA HOSPITAL, *January*, 1865.

MEDICAL CLINIC BY DR. J. M. DA COSTA.

Reported by William H. Ford, M. D., Resident Physician.

Acute Bright's Disease.

L. M., æt. 31, native of Delaware. About four weeks ago she was seized with pain in the back, but especially in the left lumbar region, which was preceded by rigors and fever. As accompanying symptoms, she had headache and nausea. Several days afterward, her face became swollen, and soon there was general edematous effusion. Subsequently, an effusion took place into the abdominal cavity. Her urine, to-day, contains a considerable amount of albumen; but it is free from blood corpuscles, tube-casts, etc. It is clear, of a light straw color, slightly acid, and has a specific gravity of 1010.

There is now scarcely any dropsy of the hands, but there is still œdema of the lower extremities, which pit on pressure. There are evident signs of the presence of fluid in the abdomen. The heart's action is normal. The liver is not increased in size, but is even somewhat diminished in size. There are no hepatic phenomena to account for the symptoms. What then is the cause of these symptoms? It is evident, from the history of the case, that there was at first an attack of acute dropsy, or acute Bright's disease.

This disease in former times was not well understood. Its secondary affections were considered the primary disease; and this is not to be wondered at, as it is by these that our suspicion of the primary disorder is, in general, first aroused. It was, at one time, thought to be an inflammation of the peritoneum; at another, an inflammation of the lymphatics, etc. We now know that it is a disease of the kidney. An acute dropsy is almost always an acute albuminuria. There is congestion of the kidney, and a deposit of blood corpuscles and tube-casts in the urine. There is no reason to doubt that this is a case of acute Bright's disease, though we do not find any blood corpuscles, or tube-casts in the urine at the present time. Their absence rather favors our view, as the blood corpuscles and tube-casts disappear before the albumen, during convalescence. It is a curable case, provided no hepatic complications arise.

Treatment. The following treatment would have been applicable at the onset of the disease. When she had fever, pain in the loins, and hæmaturia, six or eight ounces of blood should have been taken from the lumbar regions by cups. Mild diuretics should have been employed, such as the tincture of digitalis, or cream of tartar. Dover's powder at night, or the vapor bath, to produce normal action of the skin. There should have been perfect rest in bed, which is essential to the cure of the patient.

As the acute symptoms have disappeared, we have only the albuminuria and dropsy to deal with. Stimulating diuretics are interdicted. Mild diuretics will be prescribed, and such as will act as astringents upon the kidneys. The tincture of the peracetate of iron, given in teaspoonful doses, three times a day, will fulfill these indications. It is both diuretic and astringent, and counteracts and prevents the destruction of blood corpuscles, which always takes place in this disease. It is, moreover, very acceptable to the stomach.

In order to get rid of the fluid, the iron will be serviceable; but, in addition to this, we may use cream of tartar, which is valuable as a diuretic and mild laxative. Wine is admissible. A favorite prescription of Dr. BRIGHT's was port wine and gallic acid. There is no need of the gallic acid, as we are using an astringent. Nourishing, easily digested diet must be employed.

March 1st, 1865. The ascites has almost entirely disappeared, but there is still slight œdema of the inferior extremities, and some albumen in the urine. Her general health is very much improved.

Diabetes Insipidus.

J. H., æt. 65, a native of Ireland. He has had a troublesome cough four years, following pneumonia of the right side. For about three months he has been passing a large quantity of water daily,

(about three or four quarts in the twenty-four hours,) usually without uneasiness or pain, although when this diuresis first began, he says, he had some pain in the loins. He has been much annoyed by thirst, and by frequent urination. He has a poor appetite, and his bowels are occasionally constipated. He is becoming emaciated rapidly, and is daily losing strength. His mind is dejected.

The patient is now passing large quantities of urine. Though there was pain in the kidney regions at first, there is none there now.

Here is a case in which there is an excessive flow of urine, such as exists in diabetes mellitus. It is important to determine if there be any sugar present in the urine. There are several tests by which the presence of sugar in the urine may be detected.

Potassa, or Moore's Test. It consists in boiling equal quantities of the suspected urine and liquor potassæ; if sugar be present, a rich brownish color will be produced.

Trommer's Test. Boil the suspected urine with sulphate of copper and potassa; a red suboxide of copper will be precipitated by the action of the sugar.

A very ready test is that of Barreswil. The following is the formula for its preparation:

℞. Potassæ bitart.,	gr. xcvj.	
Sodæ carb. (cryst.),	gr. xcvj.	
Cupri sulphat.,	gr. xxxij.	
Potassæ,	gr. lxiv.	
Aquæ,	f. ℥ij.	M.

If equal bulks of this mixture and diabetic urine be boiled, a fawn-colored suboxide of copper will be deposited.

In examining this man's urine (which is high-colored, and has a specific gravity of 1019) by means of this test, its character remains unchanged: there is, therefore, no sugar in the urine. In order to form a comparison, a specimen of artificial grape-sugar urine has been prepared, which, when subjected to this test, produces the dark-red suboxide of copper.

This case is of great interest; it is one of diabetes insipidus, or hydruria. This is the cause of the extreme thirst and emaciation, and possibly of the chronic pulmonary trouble. Unlike diabetes mellitus, and like hysteria, this affection gives rise to nervous symptoms. It differs from the apparent diuresis of hysterical women in this particular—that while there is in hysterical women, a disposition to urinate frequently, no *inordinate* amount of urine is passed in the twenty-four hours.

This affection sometimes follows sunstroke. A case* of this description was admitted to this hospital some years ago, during Dr. Da Costa's service. The man, æt. 24, passed, daily, from thirty-six to forty pints of limpid urine, of a very low specific gravity, in which, by several tests repeatedly employed, not a trace of sugar could be detected. He stated that he had been in good health until about five months previously, when he had a sunstroke while laboring on a building. He was for awhile insensible, and from that time had had constant pain in the head, and had been unable to work. He lost flesh rapidly, and was much annoyed by a frequent and excessive emission of urine. Beyond the symptoms mentioned, very little was found in the case. All the internal viscera appeared to be healthy; the bowels were constipated. For upwards of a week he improved, voiding only seventeen pints in the twenty-four hours. But he then relapsed. Suddenly he was seized with a complete suppression of urine. The function of the kidneys was re-established, but diuresis did not return, and he died on the fifth day after the suppression of urine, and about six months after the sunstroke, with the symptoms of uræmic poisoning.

In this disease the blood does not appear to be altered. We may call this disease a functional disturbance, but there is some cause existing in the sympathetic system, or spinal marrow, which microscopical analysis and the most delicate means of research have failed to detect. It follows then, that chronic hydruria is not a disease of the kidney, but of the nervous system.

Prognosis. It is not as unfavorable as when, with a large quantity of urine, sugar is present. Yet chronic hydruria is not a harmless disease, as the case referred to before proves. In a case recorded in *Watson's Practice*, the patient was worn out by the constant drainage upon his system, and died of emaciation.

Treatment. Nervous tonics should be steadily administered. This patient is taking the tincture of the chloride of iron and cod liver oil. We will order the following pill to be taken every night:

℞. Extract. belladonnæ,	gr. ¼.	
Extract. ignatiæ alcohol.,	gr. ss.	
Misce, et fiat pil. j.		

This is a tonic anodyne, and it also moderates the activity of the kidney. Tincture of cantharis has been recommended as a successful remedy, but there was probably atony of the bladder, and hence its success.

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* Da Costa's Med. Diagnosis, page 567.

Editorial Department.

Periscope.

Puerperal Fever.

In his lectures on puerperal fever, Dr. Barnes, sums up the connection between puerperal fever, and the local and constitutional conditions derived from pregnancy and labour:—

1. Pregnancy induces a degraded condition of blood; throws an excessive burden upon the excreting apparatus; impedes the freedom of the circulation; causes hypertrophy of the heart.

2. Labour adds to the condition left by pregnancy: shock; extensive local injury; an enormous waste of nerve and muscle, the consequence of physical exertion; greater degeneration of blood from this conversion of nerve and muscle, and also from the proceeds of the involution of the uterine tissues.

3. Hence a greatly exalted stress upon the excretory organs, and a general deterioration of the solids and fluids, inducing feeble physiological action, and therefore tendency to fall into pathological action; that is, to generate what in the strictest sense may be called puerperal fever.

He remarks at another place in the same number of the *Lancet*.

"How important, then, is it to *shorten labor!*—that is, to cut short the waste of nerve and muscle, and to prevent unnecessary adulteration of the blood. Thus physiology emphatically condemns the old rule to let the head lie four or six hours in the pelvis before we interfere to release the patient from the torture of suspense, and the agony of fruitless exertion. There can be no shadow of doubt that the timely use of the forceps may often save a woman from puerperal fever. I have also some reason to believe that in some cases chloroform, by removing the dread of pain and eliminating hurtful emotion, materially lessens the evils of excessive nervous action, and may thus indirectly lessen the danger of puerperal fever. It must not, however, be supposed that chloroform confers immunity against this disease."

At the last meeting of the *Obstetric Society* of London, Dr. Snow related the history of a very interesting case, and in conclusion presented the following deductions.

1. "The phenomena of puerperal fever may be produced by the introduction of poisonous fluids into the general system.

2. The uterine sinuses remaining pervious to the flow of fluids, would afford a means by which the poisonous fluid or fluids would enter the system.

3. The pervious condition of the sinuses remained in consequence of the absence of that firm and persistent contraction of the uterus after childbirth, which appears necessary to effectually close these canals, and prevent all circulation of fluid along them.

4. The secretion from the interior of the uterus was probably sufficient, when mixed with the blood, to induce the effects observed. And it would further follow that—

5. The various phenomena observed in puerperal fever may arise from this cause, modified infinitely by many incidental states; and the various inflammatory actions and products observed in the course of the disease would not be the essential parts of the disease, but morbid phenomena which occurred during the course of it.

6. The primary, though not the only object in the prevention of these attacks of puerperal fever will then be to procure a firm, complete, and persistent contraction of the uterus after the birth of the child and thus effectually to shut off all circulation within the vessels of this organ."

He did not consider uterine phlebitis, lymphagitis, endometritis, or any other inflammatory condition as essential to produce the disease.

"The effect of this noxious impregnation of the general system was next considered, and it was shown that the quantity modified the result in a most singular way—a small quantity being eliminated by intestinal or urinary secretion, whilst a larger dose killed. When the uterus was very lax, and admitted of a ready flow of noxious fluid through the sinuses, the woman was stricken down as if by some fell pestilence, and sank in a few hours—'where the secretions are all suspended, and the patient sinks with rapidity.' When the deleterious fluid is introduced in smaller quantity, the system, after a vain struggle with the poisonous infection, sinks in a few days, the chief morbid appearance after death being extensive peritonitis of a peculiar character, copious exudation of soft friable lymph, and much serosity."

"On the subject of treatment, when the disease was once developed, the principles were considered to be—(1) to prevent the further injurious impregnation of the system, either by obstructing the further flow along the uterine sinuses, or by removing the noxious fluids from the interior of the uterus; (2) by supporting the system during the struggle in which it is engaged, and by meeting any incidental complication which might present itself; and (3) perhaps a further source of treatment was now afforded, which might enable us to counteract, to some extent at least, the deleterious impregnation which has already taken place. The first would be attained by procuring, if possible, the further contraction of the uterus, or by inducing the coagulation of the blood in the uterine sinuses. But the principal curative means appeared to rest upon the removal of all noxious fluids from the interior of the uterus, by cleansing it with a tepid solution of any sulphite or hyposulphite of soda each day or oftener; and should any fluid gain entrance into the uterine sinuses, it would probably be more beneficial than otherwise. The means to support the system were too well known to require notice; whilst deleterious impregnation, which had already taken place, might be met by the internal administration of sulphite of magnesia or lime, in doses of one scruple to half a drachm every two or three hours."

Dr. Grailly Hewitt had long entertained the

idea that a very close connection subsisted between a loose relaxed condition of the uterus after delivery, and the supervention of puerperal fever. He had followed a plan of treatment based on this idea, and had frequently insisted upon it in teaching. He considered it proven, that puerperal fever and allied disorders are not necessarily and inseparably connected with the existence of inflammatory changes in the tissues of the uterus and neighboring parts. He believed with Dr. Snow, that the disease arose from the introduction of putrescent or decomposing material into the uterine sinuses, and thence into the general circulation.

In reference to the prophylaxis of the disease, these observations were interesting. The binder served a very important purpose, and he was in the habit of paying the greatest attention to its careful applicat on; believing that in a well-contracted uterus we have the best safeguard against puerperal fever.

The President, Dr. Barnes, coincided in the views expressed, but wished to specially direct attention to the necessity of contraction of the uterus as a preventive of puerperal fever,—he would say, that contraction was eminently desirable to accomplish, but he had seen repeatedly puerperal fever occur in women after perfect contraction, and, on the other hand, no puerperal fever although the uterus remained relaxed.

As a means of preventing the loss of blood—as hæmorrhage undoubtedly predisposed to puerperal fever,—he had found nothing of equal efficacy to the injection of a solution of perchloride of iron into the uterus, after clearing out the cavity of placental remains and clots. He had used this plan for several years, and in a large number of cases after labour and abortion, and had always had reason to congratulate himself upon the result.

A New Source of Iodine.

The *Mechanic's Magazine*, speaking of new sources of several rare substances, says: "Another interesting example is the discovery of a mineral source of that very valuable substance, iodine. The ocean is the great storehouse of this element, all sea-water containing the iodides of sodium and magnesium, but only in such small relative quantity that to extract iodine directly from sea-water is not practicable, and hence seaweeds, which have the power of attracting it from the element in which they live, and assimilating it into their own substance, have hitherto formed the whole commercial source of it. Chemists have been aware of its existence in certain Mexican silver ores, in various land plants growing near the sea, in sponges, and in the oil of the liver of various fishes; but none of these bodies, animal, vegetable, or mineral, contain it in such quantities as would pay for extraction. There is said, however, to have been lately discovered in Chili a mineral consisting of a mixture of iodide of lead, with the oxide and chloride of that metal in such proportion as to contain ten per cent. of iodine. This mineral is believed to exist in considerable abundance, and if it really does so, a great reduction in the commercial price of iodine must be a speedy result of its discovery. Such a result would be a great boon to the art of photography, and also to that of dyeing, since the brilliant dye recently discovered by Dr. Hoffman, though the first, will doubtless not be the last, having this element among its constituents."—*Druggists' Circular.*

Vermifuges.

Dr. Viani, of the Island of Réunion, in the *Répert. de Pharmacie*, tells us that, of all vermifuges, the best he knows is the juice of the *Larica papaya*. Santonine, he says, is used to an enormous amount in the island; but, for some reason or other, it often fails as a remedy. The milky juice of the papaya is a sure and infallible remedy. Some years ago, the children of every family in the island were wont once a year to take "papaya milk." When properly administered, moreover, it is a perfectly harmless remedy. It is a very ancient remedy, and may well be brought again into favor in all countries where the *Larica papaya* grows.

Glycerine.

Glycerine is recommended as a vehicle for applications to the larynx—such as tannic acid, alum, perchloride of iron, and the salts of morphia. Its viscidity causes it to adhere to the surface. It should be applied to the larynx by means of a brush.

Cataract.

Sir David Brewster, the veteran philosopher, so highly distinguished for his optical discoveries, read a paper before the Royal Society of Edinburg, on Monday, 16th January, "On the Causes and Cure of Cataract." He showed the differences between the various forms of cataract, as determined by the composition and structure of the crystalline lens, and suggested that in cases of soft cataract a cure might be effected by injections of albumen into the lens.

Reviews and Book Notices.

The Army Surgeon's Manual, for the use of Medical Officers, Cadets, Chaplains, and Hospital Stewards. Containing the Records of the Medical Department, all General Orders of the War Department, and Circulars from the Surgeon-General's office, from January 1st, 1861 to April 1st, 1865. By William Grace, of Washington, D. C. *Second Edition.* Published by permission of the Surgeon-General. Pp. 225. New York: Bailliere Bros. 1865. *Price* $2.

A second edition of this work having been so speedily called for, is evidence that it has supplied a want of the service. This edition, it will be observed, is brought down to the first of April. No one could have better facilities for preparing such a work than Mr. Grace, as he has at his command all the records of the Surgeon-General's department.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 1, 1865.

A NEW VOLUME.

This number commences the *Thirteenth* volume of the Medical and Surgical Reporter in its weekly form. Not a few of our subscribers have taken the work from the commencement, and are well acquainted with its past course on all matters of interest to our profession. We have sought to give to the practitioner of legitimate medicine in this country a high-toned, independent, practical, weekly medical journal. The Reporter has heretofore been pledged—and that pledge is hereby renewed—to do everything in its power to advance the interests of our noble profession, to elèvate it both socially and intellectually, and to make literature as remunerative as possible to medical writers by raising the standard of compensation. We have sought to give good medical and surgical literature a wide circulation, by putting it into a practical popular shape, and by identifying the Reporter, as far as possible, with the interests of the profession of the whole country.

It is no disparagement to our good intentions, and does not detract from what we have been enabled to do, that we are obliged to confess that the distracted condition of the country for the past several years has very materially interfered with our plans, and postponed—it has done nothing more—their full accomplishment. That crisis, by the favor of Providence, has been passed in safety. We have outlived the ruin and devastation which have left scattered along the track of the past four years of relentless war the wrecks of many other literary enterprises—not entirely unscathed, it is true, but alive still. From the black clouds of war, peace has burst suddenly upon us, and our people, with characteristic energy, are applying themselves unitedly to the task of repairing the waste places and restoring the old landmarks, with so much earnestness and good-feeling, that unbounded prosperity can scarcely fail to be an inevitable result. Having in faith and confidence borne the burdens of the years of adversity, we shall venture to lay a modest claim to a share of the rewards of the coming prosperity.

With the hearty coöperation of the subscribers and readers in efforts to extend its circulation, and in contributions to its columns, the literary value of the Reporter may be greatly increased, until in this respect it becomes unrivalled, as it long has been in respect to extent of circulation.

AMENDMENTS OF THE CONSTITUTION OF THE AMERICAN MEDICAL ASSOCIATION.

The following were the amendments to the Constitution of the American Medical Association, offered at the late meeting at Boston. They lie over, according to the rule for a year.

By Dr. Toner, of Washington, D. C.—That Delegates on registering their names shall pay the sum of $5, and permanent members, $3. This amendment, if passed, would effectually remove the difficulty complained of, by the treasurer of a deficiency of income to pay the expense of issuing the transactions. We hope the amendment will be adopted.

Dr. Mayburry, of this city, offered an amendment to this effect: Add to the end of paragraph 14, art. 2, "and shall continue such so long as they remain in good standing in the body from which they were sent as delegates."

Dr. Toner proposed to still further amend the same section, by striking out the clause, "and of such other members as may receive the appointment by a unanimous vote."

Both these propositions met with much favor, and it is probable that the amendments will be adopted at the next meeting. There certainly should be some check upon the loose manner in which members have been received into the Association. The indorsement of local societies, would be an effectual test of a man's standing, and prove a barrier to the admission of unworthy members.

THE SAFETY OF TRAVELLERS.

The Legislature of New Jersey, at its late session passed an important act having in view the safety of the lives and limbs of passengers on the railway lines through the State. It provides that after the 4th inst., all companies carrying passengers on any railway in the State shall "cause to be applied to all their passenger cars which they now use or hereafter may use upon their railroads, at each end of each of said cars, an apron or other connection similar to that in use upon many of the passenger cars of the Camden and Amboy Railroad Company, and which shall cover the space between the platforms of said cars, and be sufficient to prevent the fall of any person between said cars."

Very well, so far. But that is not the way in which loss of life generally occurs on our railways. It is from collisions—one train of cars running into another, while standing on the track, and that sometimes in the most reckless manner. The double tracks now being laid on the main

lines through the State, will do something to check the loss of life in this way, but still conductors and engineers will be reckless. In this connection it might be well to investigate into the relation between the loss of life by railway, and intemperance on the part of the employees of the road. In our view it would be found to be very close.

INHUMAN TREATMENT OF ANIMALS INTENDED FOR FOOD.

To condemn an animal to be slaughtered is, in too many instances, to give it up during the intervening days between condemnation and execution, to the most inhuman torture. Cattle and sheep are rapidly driven to market in hot, dry, weather, with very inadequate provision for feeding and watering, and insufficient rest. In this starved, overheated condition, the animal is surely not fit to be slaughtered for food. But this is not the worst treatment by far, to which poor animals and fowls intended for the shambles are subjected. It is enough to make one's heart bleed, to see the cruelties practiced upon calves which are brought to market. With their legs tied together, they are thrown about the boats and wharves as though they were inanimate, pitched into a wagon or cart without any reference to comfort, and brutally stamped upon to pack them closely, their heads and legs hanging over the edge of the vehicle, and then jolted through the streets, as if they had no feeling.

But even this refinement of cruelty is, if anything surpassed, by what we are credibly informed may be seen on a public wharf in one of our large cities, viz., the scalding and plucking of fowls while they are alive! Surely, such heartless cruelty to animals—which is, indeed, very mildly stated above—should be checked by law, if only upon that ground alone. But we claim their attention to it on grounds bearing upon the health of the community; starved, overdriven, bruised, and scalded meat not being fit for food. This is a matter that our profession should take pains to enlighten the community on.

TO A CORRESPONDENT.

We have received one or two communications from an anonymous writer in western Maryland, who chooses to take exceptions to remarks we have felt it our duty to make on one or two occasions, bearing on matters in which our profession is interested, connected with the late rebellion. It is a matter of very little consequence with us, what the opinions or feelings of such a man are. This country is no place for him. No executive pardon is adequate to reach his case. North of the St. Lawrence, West of the Rio Grande, or better, across the Atlantic is his proper place. The facts that we recently published in relation to the Yellow Fever plot, were taken from *British testimony*, and cannot be gainsayed. They are too palpable.

As a Southern man, born in Tennessee, cradled in Alabama, and brought up in Georgia, we protest against the defence by northern men of such infernal wickedness, as the murder and starvation of prisoners, the introduction of pestilence, incendiarism, robbery, assassination, etc., schemes of desperate wicked men, who misled the South to her ruin. They intended it for evil, but in the providence of God great good seems to be rapidly coming out of it. The good and true men of the South will repudiate such men and their principles, and their northern aiders and abettors will find it more profitable to seek better employment than to traduce their country. We warn off all such—they waste time, ink and paper in writing to us.

Notes and Comments.

The Hospital Bulletin

Is the title of a neat little paper issued from the Ward U. S. A. General Hospital, Newark, New Jersey. The Ward Hospital contains upwards of a thousand beds, and our old correspondent, Dr. J. T. Calhoun, is the Surgeon-in-charge. Our readers are well aware of the fact that Dr. Calhoun knows how to write—even though his *notes* be *rough*—and they would gladly welcome him back to the pages of the Reporter. We are pleased to announce that they may expect a speedy resumption of his communications to our pages.

The *Bulletin* will doubtless be the source of much pleasure to officers and inmates of Ward Hospital and others.

Complimentary.

The contraction of hospital accommodations in consequence of the close of the war, has made it necessary to discharge four of the Acting Assistant Surgeons lately connected with the Knight U. S. A. General Hospital, New Haven, Connecticut, viz., Drs. W. Hooker, D. L. Daggett, T. B. Townsend, and Wm. H. Thompson, on which occasion the Surgeon-Commanding, Dr. P. A. Jewett, U. S. V., issued a complimentary order, from which the following is extracted.

"3. The Surgeon-Commanding desires thus publicly to express his regret at parting with them; to bear testimony to their high professional attainments and skill; to their success in the treatment of the cases under their charge, and to their uniform gentlemanly conduct. It is with unfeigned regret that he is forced to close his relations with them.

Dr. Montrose A. Pallen.

We have seen this gentleman's name among those who have received the Executive pardon. If such is the case, we should regard it as presumptive evidence that the charge that he was engaged in the plot for which he was expelled from the American Medical Association, is not supported.

Epilepsy from Fracture of the Skull.

A correspondent mentions a case of epilepsy; patient thirty-five years of age. When about fourteen years old fell on a stone and fractured the skull at the upper portion of the occipital bone, leaving quite a depression. From that time to within a year he has had attacks of faintness, which are now changed into epileptic seizures. Our correspondent asks whether the operation of trephining, and elevating the depressed bone might not prove successful in this case. Such an operation certainly seems to be indicated, and might entirely relieve the patient of his epileptic attacks. After such a lapse of time, however, since the receipt of the injury, it would be well to be prepared for a failure.

The Russian Epidemic.

The epidemic at St. Petersburg does not seem to be diminishing. By the last accounts the number of persons suffering from it amounts to from 300 to 350 daily, and the number of deaths to about 90. On the 23d of May there were 4,430 patients in the hospitals, 364 new ones were admitted, 253 were sent away cured, and 97 died.

New York, June 28.—A letter has been received at the Custom House here, addressed to the State Department by our Consul at Port Mahon, announcing that the Russian plague is extending westward more rapidly than is generally supposed, and advising that all cargoes arriving from Russian or Turkish ports be rigidly scrutinized before landing. The disease is said to be the same as that which visited London a century since.

News and Miscellany.

Operation for Stone.

Dr. W. W. Greene, of Pittsfield, Massachusetts, recently operated for stone on a child of less than five years, and removed an almond-shaped calculus, which weighed thirty-two grains, and measured in its greatest circumference two inches, and in its smallest 1½ inches. The child is now quite well.

Statistics of the Provost-Marshal-General's Office.

With a view of rendering useful the large experience of physicians who have for three or four years been engaged in the examination of men for our Armies, a circular has been issued from the Medical Bureau of the Provost-Marshal-General's Office to surgeons of the Boards of Enrollment as follows:

The Provost-Marshal-General directs that you carefully prepare and forward to this office a written report, giving, as the result of your experience, information upon the following subjects:

1st. Your experience in the examination of men for military service, and the number examined, as near as can be ascertained.

2d. General geographical description of your district, with prevalent diseases, and causes conducive thereto; general character of its inhabitants, their modes of life and occupations.

3d. Reasons why any particular diseases or disabilities have disqualified a greater ratio per thousand from military service.

4th. Your views in reference to the different sections of Paragraph 85, Revised Regulations, Provost-Marshal-General's Bureau, and what changes you would recommend.

5th. State in minute detail your method of examining men.

6th. The number of men that can be physically examined per day with accuracy.

7th. Mention the frauds most to be guarded against, which are practised by drafted and enrolled men to escape, and by substitutes and recruits to enter the service, and any other obstacles you have had to contend with in the discharge of your duties, and make any suggestions as to the best method of avoiding or overcoming these difficulties in future.

8th. What nationality presents the greatest physical aptitude for military service.

9th. Your experience as to the physical qualifications of the colored race for military service.

10th. Your views as to the operation of the enrollment law as it now exists, with recommendations and suggestions in reference thereto.

The above queries are given as a general guide for the preparation of your "report." It is not supposed that they include all points of interest and value to this Bureau, and you will incorporate such other facts as you may consider important, as it is tended to publish such portions of your report as may be of special interest or value. This subject being one of much importance, the report should be carefully prepared, and forwarded as soon as practicable.

If not completed at the date of the termination of your services as Surgeon of Board of Enrollment, please complete and forward it as soon thereafter as convenient.

The answers to these questions, when all are collected, will form an exceedingly valuable account of the physical characteristics of the American people. It will be seen that the most interesting facts that are brought to light, will be

printed for the information of the medical profession and of the public.

Effects of Flowers on the Atmosphere.

It is well known that, whilst the foliage of vegetables generally supplies oxygen to the air and absorbs carbonic acid, thus tending to counteract the effects of animal respiration, flowers have a very different operation, nearly resembling that of the lungs of animals. The *Journal of Pharmacy* contains an abstract of a paper recently published in Paris, which says:

1. That all flowers left in a limited atmosphere of normal air, consume oxygen and produce carbonic acid in proportions varying as the flower is scentless or not.

2. That the circumstances nnder which the phenomenon takes place being identical, the proportion of carbonic acid increases as the temperature is raised.

3. That generally with flowers from the same plant and of equal weight, the quantity of carbonic acid produced is rather greater when the apparatus in which the experiment is performed is exposed to the light, than when it is in darkness; that the proportion is, nevertheless sometimes the same under either condition.

4. That when the normal air is replaced by pure oxygen, the difference becomes much more marked.

5. That buds produce rather more carbonic acid than fully developed flowers, which is explicable by the greater vitality of the buds.

6. That flowers left in inert gas disengage small quantities of carbonic acid.

7. Finally, the pistil and stamens, which possess the greatest vitality of any part of the flower, consume the greatest quantity of oxygen, and produce the largest proportion of carbonic acid.

Increased Salubrity of Paris.

The following statistics of the diminished mortality in Paris extend over a period of twenty-four years. In 1841 the population of twelve parishes amounted to 935,000 persons, and one death in 36 is proved. In 1864 the number of deaths was one in 40. Wide streets and open boulevards have replaced the narrow passages and crowded courts of old Paris. Also there is an immense increase in the quantity of water. In 1840, 65,000 cubic *mètres* were distributed in twenty-four hours, whereas in 1863, 133,258 cubic *mètres* were supplied. In 1840 there were 36,000 *mètres* of sewers, whereas in 1863 the sewers of Paris attained the surprising length of 350,000 *mètres*—that is 90 leagues. Another cause of the increased salubrity of Paris is the immense number of squares and open gardens created for the use of the people.

An English Cure for Drunkenness.

There is a prescription in use in England for the cure of drunkenness, by which thousands are said to have been assisted in recovering themselves. The receipt came into notoriety through the efforts of John Vine Hall, commander of the Great Eastern steamship. He had fallen into such habitual drunkenness that his most earnest efforts to reclaim himself proved unavailing. At length he sought the advice of an eminent physician, who gave him a prescription which he followed faithfully for seven months, and at the end of that time had lost all desire for liquor, although he had been for many years led captive by a most debasing appetite.

The receipt, which he afterwards published, and by which so many other drunkards have been assisted to reform, is as follows:—Sulphate of iron, five grains; magnesia, ten grains; peppermint water, eleven drams; spirit of nutmeg, one dram; twice a day. This preparation acts as a tonic and stimulant, and so partially supplies the place of the accustomed liquor, and prevents that absolute physical and moral prostration that follows a sudden breaking off from the use of stimulating drinks.—*Druggists' Circular.*

Extraordinary Cure.

A writer in the *Chicago Medical Examiner* has cured a case of double pneumonia with bronchitis and diarrhœa, which appeared almost hopeless when first seen by him, by quiniæ sulph. gr. j, and plumbi acet. gr. ss., every two hours; the diarrhœa having been controlled by antimonial wine and demulcents! The *Pacific Med. Journal*, in noticing the case, very properly remarks, that "such patients not only set death at defiance, but also the laws of chemistry and therapeutics."

Lemon Juice.

(*Factitious.*) Citric acid, 2¼ oz., gum, ½ oz., lemon peel ¾ oz., lump sugar, 2 oz., boiling water, 1 quart; macerate till cold, and strain. Quality superior.

Lemonade Powders.

White sugar, 36 drachms, carbonate of soda, 4 drachms, essence of lemon, 15 drops; divide into 12 *blue* papers; In 12 *white* papers divide 6 drachms of tartaric acid. Mix the first well in water, and add the last. Each powder contains 3 drachms of sugar, 20 grains of soda, 2 drops of

essence of lemon, and 30 grains of acid. Pleasant refrigerant drink.

Malt as Food.

The experiments of Mr. Lawes establish that the increase of live weight in animals fed upon malt is less than in those fed upon unmalted barley. In the case of cows, too, less milk was given by the malt-fed than by the barley-fed animals. The experiments of Mr. Lawes were very conclusive, and appear to have been very fairly conducted.—*Chem. News.*

Pressure of Ice through Small Apertures.

The *London Chemical News* says, that 'M. Tresca finds that ice issues in exactly the same way as solid bodies (soft metals and ceramic pastes) from a small aperture when submitted to great pressure. The jet is formed of perfectly distinct concentric tubes; which, however, in this case are grooved through their entire length with transverse fissures, which gave to the jet the appearance of being made up of washers arranged one after another. The results support strongly Dr. Tyndall's theory of constitution of glaciers. Some effects resembling *moraines* were, indeed, seen when colored ice was employed in the experiments.

Army and Navy News.

ARMY.

Miscellaneous.—Ass't Surgeon Wm. F. Buchanan, U. S. A., is announced as Assistant Medical Director, Department of the South.

Ass't Surgeon H. E. Williams, U. S. V., has been appointed Treasurer of the Officers Camp, at De-Camp General Hospital, David's Island, New York.

Changes.—Ass't Surgeon A. A. Woodhull, U. S. A., has been relieved from duty in the Department of Va., and assigned to duty in the office of the Surgeon General.

Ass't Surgeon B. Stone, and J. H. Porter, U. S. V., have been relieved from duty in the Surgeon General's office, and ordered to report to Surgeon R. O. Abbott, U. S. A., Medical Director, Department of Washington, for assignment to duty.

Ass't Surgeon H. A. Dubois, U. S. A., has been relieved from duty with the command of Major-General Sheridan, and ordered to report to the Medical Purveyor, Philadelphia, for duty in the United States Laboratory at that place.

Ass't Surgeon Herman Loewenthal, U. S. V., has been relieved from duty in the Army of the Potomac, and ordered to report to the Medical Director, Department of Washington, for duty at the Douglass General Hospital.

Ass't Surgeon John Van Sant, U. S. A., is relieved from duty with the Army of the Potomac, and ordered to report to Gen. Sheridan for duty.

Ass't Surgeon M. J. Asch, U. S. A., is relieved from duty in the Department of Va., and ordered to report to Gen. Sheridan for duty.

Surgeon J. T. Ghiselin, U. S. A., has been relieved from his present duties with the cavalry recently under the command of Major-General Sheridan, and ordered to report to that officer for duty.

Promotions.—Ass't Surgeon G. M. McGill, U. S. A., has been promoted to be Major. by brevet.

Surgeon Jas. R. Smith, U. S. A., has been promoted Lieut. Colonel, by brevet.

Ass't Surgeons B L. Hovey, S. J. Rateliffe, and C. T. Reber, have been promoted to be Surgeons of Volunteers.

Mustered Out.—The following officers of the Medical Department have been mustered out of service to date June 1st, 1865: Surgeons D. R. Darby New Jersey; J. McNulty, E. McDonald, and A. B. Mott, New York; C. C. Dunreecher, J. D. Straubridge, R. K. Smith, J. Owen, and L. Quick, Pennsylvania; F. S. Ainsworth, G. A. Wheeler, and T. R. Crosby, New England.

Dismissal.—Ass't Surgeon J. H. Sullivan, 31st New Jersey Volunteers, to date May 17, 1865, having been previously dismissed the service as Assistant Surgeon of Volunteers, for drunkenness and neglect of duty; the disability resulting from said dismissal never having been removed, and charges of a similar nature now standing against him.

Dismissal Revoked.—Ass't Surgeon Theodore D. Brooks, 38th Ohio Volunteers.

Restored to Commission.—The following named officers, heretofore dismissed, have been restored, with pay, from the date at which they rejoin their regiments for duty:

Surgeon George J. Potts, 23d United States Colored Troops.

Surgeon E. Hutchinson, 137th New York Volunteers.

NAVY.

REGULAR NAVAL SERVICE.

Ordered.—Surgeon Charles H. Burbank, to the *Vandalia.*

Ass't Surgeon Wm. F. Cottrell, to the Naval Hospital, Chelsea, Mass.

Ass't Surgeon Geo. H. Cook, to duty at the Naval Hospital, N. Y.

Surgeon Wm. M. Wood, to report to Rear Admiral Stringham, for duty as member of a board.

Ass't Surgeon John T. Luck, to the New York Yard.

Ass't Surgeon Sam'l F. Shaw, to the Naval Academy.

Surgeon James McClelland, to the *Colorado.*

Detached.—Ass't Surgeon S. J. Clark, from the *Vandalia,* and waiting orders.

Surgeon D. Kindleberger, from the West Gulf Squadron, and placed on sick leave.

Ass't Surgeon J. F. Cottrell, from the *Mackinaw,* and waiting orders.

Ass't Surgeon Geo. H. Cooke, from the *Mendota,* and waiting orders.

Ass't Surgeon Wm. H. Westcott, from the *Nereus,* and waiting orders.

Surgeon William S. W. Ruschenberger, from duty as a member of the Board of Examiners at the Naval Asylum, Philadelphia, and ordered to duty on board the *Colorado,* as Surgeon of the Fleet of European Squadron.

Passed Ass't Surgeon R. T. Edes, from the Naval Hospital, Chelsea, Mass., and ordered to the *Colorado.*

Passed Ass't Surgeon Wm. T. Plant, from the Naval Hospital, N. Y., and ordered to the East Gulf Squadron.

Passed Ass't Surgeon J. J. Allingham, from the New York Yard, and ordered to the *Frolic.*

Ass't Surgeon H. J. Babin, from the *Mercedita,* and ordered to the Navy Yard, Washington, D. C.

Passed Ass't Surgeon E. S. Matthews, from the East Gulf Squadron, and on sick leave.

Passed Ass't Surgeon H. M. Wells, from the *Onon-*

daga, on the reporting of his relief, and waiting orders.

Surgeon Robert L. Wheeler, from Naval Rendezvous at Chicago, and waiting orders.

Passed Ass't Surgeon H. D. Burlingham, from the Naval Rendezvous at Cincinnati, and waiting orders.

Surgeon Edward Gilchrist, from the East Gulf Squadron, and granted sick leave.

Passed Ass't Surgeon D. R. Bannon, from the Navy Yard, Washington, and ordered to the *Shawmut*.

Passed Ass't Surgeon E. C. Vermuelen, from the Naval Hospital, N. Y., and ordered to the *Colorado*.

Ass't Surgeon J. B. Ackly, from the *Bermuda*, and waiting orders.

Passed Ass't Surgeon H. M. Wells, from the *Onondaga*, and waiting orders.

Surgeon Albert Schriver, from duty as recorder of the Naval Medical Board at Philadelphia, and leave granted for three months.

Promoted.—Ass't Surgeon Geo. W. Wood, Geo. D. Slocum, J. J. Allingham, Wm. T. Plant and Jos. Hugg, to Passed Ass't Surgeons, U. S. N.

Act'g Ass't Surgeon Hosea J. Babin, to Ass't Surgeon U. S. N.

Resigned.—Ass't Surgeon Charles H. Perry, of Worcester, Mass.; Ass't Surgeon Wm. B. Mann, of N. Y.; Ass't Surgeon Steven J. Clark, of N. Y.; Passed Ass't Surgeon H. D. Burlingham, of the *Colorado*; Ass't Surgeon Robert Willard, of New Orleans, La.; Passed Ass't Surgeon Robert T. Edes, of the *Colorado*.

MARRIED.

Clark—Vondersmith.—In New York, on Tuesday, June 20, at the residence of the bride's father, by the Rev. Thomas D. Anderson, D. D., Charles H. Clark, and Josie, daughter of E. M. Vondersmith, M. D., all of New York city.

Dickson—Wilson.—At Woodside, Md., June 15, by Rev. Dr. Sewall, Rev. Samuel M. Dickson, and Harriet, daughter of Dr. Joshua Wilson.

DIED.

Butler.—On Darby Road, West Philadelphia, June 23d, of congestion of the brain, Lawrence Price, infant son of Dr. Samuel W. and Mrs. Anne H. Butler, aged 4 months and 21 days.

Da Costa.—On the 18th June, in this city, John M. Da Costa, infant son of Dr J. M. and Sarah F. Da Costa.

Moore.—In Germantown, on First-day morning, 25th ult., Dr. J. Wilson Moore, in the 76th year of his age.

Raymond.—In Conneaut, Ohio, June 18th, of diphtheria and erysipelas, Dr. D. W. Raymond.

Dr. R had practiced medicine for over thirty years in Conneaut, and in the country round, over an area covered by a radius of forty miles. He stood at the head of his profession in that region, and as a man and a physician was beloved and respected by all.

OBITUARY.

Surgeon William Wheelan, U. S. N.—At a meeting of the Medical Officers of the U. S. Navy, held at the U. S. Naval Hospital, Brooklyn, June 14, 1865, to express their feelings on the occasion of the decease of Surgeon William Wheelan, U. S. N., late Chief of the Bureau of Medicine and Surgery, the following preamble and resolutions were submitted and passed:

Whereas, it has pleased Divine Providence to remove from his sphere of duty and usefulness, the late head of the Medical Corps of the U. S. Navy, therefore be it

Resolved, That we take a sad pleasure in recognizing the eminent ability and worth, both public and private, which distinguished the character of the lamented deceased.

Resolved, That we sympathize most deeply and sincerely with his family and friends, feeling that our loss is only second to theirs.

Resolved, That a copy of these resolutions be transmitted to the family of the deceased.

B. F Bache, Surgeon U. S. N., Chairman.
C. Eversfield, Surgeon U. S. N., Secretary,

At a meeting of members of the Medical Corps of the Navy, held at the navy yard Philadelphia, on Monday, June 19th, Surgeon Thomas Dillard was called to the chair, and Surgeon Philip Lansdale was appointed secretary.

The meeting was called to order by the chairman, and its object stated, viz: to give expression to the feeling of the Medical Corps of the Navy on the loss sustained in the recent death of Surgeon William Wheelan, late Chief of the Bureau of Medicine and Surgery.

On motion of Surgeon James M. Greene, it was

Resolved, That a committee of three be appointed by the chair to draft resolutions.

The chair appointed Surgeons Grecne, Ruschenberger, and Shippen.

After a recess of half an hour, the committee reported the following resolutions, which were unanimously agreed to:

Resolved, That we sincerely sympathize with the family and relatives of the deceased, in their bereavement, and that we offer them, under so melancholy a dispensation, our heart-felt regret and most sincere condolence.

Resolved, That in the death of Dr. Wheelan the service has lost one of its best educated and zealous officers. It is surmised that his untiring industry, and unremitting attention to the duties of his office, laid the foundation of the painful disease which terminated his life.

Resolved, That in the opinion of this meeting, Dr. Wheelan administered the affairs of the office with marked ability and impartiality, manifesting neither preference nor prejudice in the delicate duty of detailing officers for service.

Resolved, That these proceedings be signed by the chairman and secretary, and published in the papers of the city, and that a copy of them be sent to the family of the deceased.

The meeting then adjourned.

ANSWERS TO CORRESPONDENTS.

Dr. J. H., Coshocton, Ohio.—Med. Lexicon, by Roosa, was sent by mail on 24th ult.

Dr. J. B. W., Fryburg, Pa.—Gray's Anatomy was sent by mail on 26th ult.

Dr. J. C., Dudley, Pa.—Rigby on Female Diseases, was sent by mail on 26th ult.

Dr. A. G. W., Pittsburg, Pa.—Hamilton on Fractures and Dislocations, Von Troltsch on the Ear, were sent by mail on 27th ult

Dr. J. F. J., Perrysville, Ohio.—Pereira's Prescription Book was sent by mail on 27th ult.

Dr. S. F. McF., Oxford, N. Y.—Turnbull, on Defective and Impaired Vision, was sent by mail on 27th ult.

METEOROLOGY.

June	19,	20,	21,	22,	23,	24,	25.
Wind.....	S. W.	S. W.	S. W.	S.	S. W.	S. W.	S. W.
Weather.....	Clear, Showr	Cl'dy, Showr T. & L.	Clear.	Clear, Showr	Clear.	Clear.	Clear.
Depth Rain.....		1-10					
Thermometer.							
Minimum.....	65°	67°	68°	65°	63°	67°	65°
At 8 A. M.....	75	80	80	77	75	80	79
At 12 M.....	83	82	83	85	86	85	86
At 3 P. M.....	84	81	82	66	88	86	86
Mean.....	76.75	77 50	78.25	73.25	78.	79.50	79.
Barometer.							
At 12 M.....	30.1	30.1	30.1	30.1	30.2	30.1	30.1

Germantown, Pa. B. J. Leedom.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64, Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers*, of No. 414, Feb. 4, 1865.

THE

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Original Department.

Communications.

BIOGRAPHICAL SKETCHES
OF
Distinguished Living New York Surgeons.

By Sam'l W. Francis, M. D.,
Fellow of the New York Academy of Medicine.

No. 12.

Willard Parker.

"Worthy man."—*Coriolanus.*

Willard Parker, one of the most prominent surgeons of this busy metropolis, was born in Francistown, Hilsborough county, New Hampshire, in the year 1802. His ancestors came from the staunch old Puritan stock of New England, a race of men who, when they were right, were *very* right; and when they were wrong, were *very* wrong; a positive branch of humanity that formed, in no small degree, the bone and muscle of much that did good in the hot-headed days of the young colonies. His grandparents took active part in the Revolutionary period of 1776; and in tracing out the truthful account of the battle of Bunker Hill, we find that a relative of his won laurels on the field of action, and received honorable mention at the hands of those capable of judging.* Young Parker's father was a firm follower of the doctrines promulgated by his ancestors of old, and his mother also entertained the same views as those endorsed by her own parents. The family consisted of four sons and two daughters.

When Willard was a mere child, both parents moved to Middlesex county, Massachusetts, and entered fully into all the practical duties of an agricultural life, near a small village, numbering but few inhabitants. Willard was here brought up to become a thorough New England farmer, and worked in the field day after day, from sunrise to sunset, till he arrived at the age of sixteen. This in no small degree contributed to lay in that stock of vitality, endurance, and physical power which has been one of the leading features in Dr. Parker's industrious career. It also formed a taste for country life and a cherished love for the works of nature, that still continue fresh in the mind of the Doctor, who only recently remarked to me that when he saw the trees budding, and the spring coming in all its rich simplicity and uncontaminated purity, he could hardly restrain himself and keep down to the routine duties of an office-life; so great was his desire to rush over the green fields and drink in delicious perfumes.

However that may be, young Parker soon discovered that knowledge was power, and strove in all his leisure moments, when the farm work stopped for the day, to peruse those authors easiest of access to a youthful mind, and obtain the principles of a good education, until his circumstances would permit of a more enlarged literary experience. Soon, ambition and an intense thirst for knowledge forced him to pursue a speedier way, and accordingly we find him "Willard Parker, teacher," giving instruction to young followers in a neighboring village, about the year 1820.

This was done with a threefold object, all of which he accomplished. Firstly, for the purpose of obtaining more time, in order to study thoroughly the classics and prepare himself for college; secondly, to procure the means necessary for a present livelihood; and thirdly, in order to lay up enough to carry him through his student days free from fiscal difficulties, and in accordance with the morals of his family, who looked upon honesty and the paying of one's debts, as one of the brightest ornaments of a man's respected virtues. Willard Parker continued in this capacity for several years of conscientious labor, when he more fully prepared himself, and finally, passing his examination, was formally admitted to Cambridge College, where he continued a faithful student till he was graduated in 1826. Shortly after receiving his diploma, young Parker became enamored of the practice of physic and the deeply philosophical wonders of anatomical structure, and accordingly entered the offices of Drs. Warren and Townsend, Boston, Massachusetts, who superintended the studies

* See *Historical-Genealogical Magazine*, 1865.

pursued by him. After attending a full course of medical lectures in that city, Willard Parker was graduated Doctor of Medicine from Cambridge College, in the year 1830. On the third day of February, he received his diploma, and put up his sign at once: and on the 4th of March, the month following, only a space of a few weeks, was appointed Lecturer on Anatomy in College of Physicians and Surgeons, New York, and delivered, at once, a course on that subject. This system of didactic instruction he has continued ever since, for a period of some thirty-five years.

Dr. Parker's Inaugural dissertation for the degree of doctor of medicine, was styled "a Thesis on Nervous Respiration." It evinced a clear head, sound judgment, and a practical view of disease, and embodied excellent principles to be taken into consideration in case of of the derangement of the function of breathing. Young Parker had made many dissections; seen for himself the relative anatomy of the parts, and was practically enabled to go into the details of much of the physiology of that self-sustaining apparatus.

Though Professor Parker has not written much, what has come from his pen is to the point at issue. And though at times he has maintained theories that have not altogether met with a favorable reception by men of different scientific views, he certainly has carried out his argument from one step to another, till gratification at the subtlety of his disquisition and the importance of his subject, conduces to interest the reader, and influence the reasoning faculties. His other papers have been on particular cases of abnormal growths, and the eccentric diseases of afflicted humanity. All of them will repay perusal. Dr. Parker has labored hard, worked continuously, attended faithfully, and been constant to his profession, but he has not yet written enough for the gratification of those who desire it. Experience will now be able to go hand in hand with ability; and information, merged into knowledge, can disclose useful sentiments and propound important axioms.

In conversing with Dr. Parker one evening, during a social visit at his house, I ventured to ask him if he had to commence life anew, would he be a doctor again; that is, were he at liberty to begin life anew, and lay out a fresh course of duty, would he study the profession of medicine? Scarcely had I asked the question, when it was answered with zeal and decision—

"Certainly I would, oh, yes, sir; I have always been interested in medicine and surgery, particularly the saving of a limb."

I then asked him if he should select a specialty, what would it be?

"Medical treatment, diagnosis as associated with surgical cases. If a man does not familiarize himself with different remedies, and their applicability to certain special disorders resulting from surgical cases, he degenerates into nothing more nor less than a butcher. It is the glory of the profession to save a limb. But that which I particularly regard as beautiful in its results and satisfactory in its issues, is the cutting down for and ligating arteries."

Professor Parker, has tied the subclavian artery five times. Once he performed the operation within the sculeni muscle, also taking the precaution to apply a ligature to the common carotid and right verbetral arteries for the first time in this country. This was done to prevent regurgitation, but the patient only survived the operation forty-two days, secondary hæmorrhage carrying him off. Most of the doctor's early years were passed in the hospitals of different cities. For two years he was actively engaged in treating the sick and assisting in grave operations at Chelsea hospital, and immediately after he spent one year as resident surgeon in the Massachusetts hospital, where a continued variation of diseases, not a few rare cases of abnormal tumors, singular accidents, and good and bad surgery came under his immediate observation. On visiting this city, and taking up his abode here as a practicing surgeon, he was soon appointed surgeon to New York hospital. And in the early days of Bellevue hospital suffering, those middle ages of political turpitude, was associated with the able and efficient James R. Wood, in operating on shattered limbs and endeavoring, by every means in their power, to rescue from threatened dissolution the refuse of humanity, whose neglected frames bore sad testimony to the direful consequences of a non-medical supervision, placed in charge of ignorant and designing overseers, of what could only be termed the dead and dying. Soon however, their wise forethought, and the additional interest taken in the amelioration of their condition by outside practitioners; the appointment of new officers, and the better food and ventilation, told well on the bills of mortality, and now from this seed has grown up a systematic institution worthy the patronage of all men.

As a lecturer Dr. Parker is very happy in his efforts to propound useful doctrines and unfold interesting aphorisms. His manner is free from all embarrassment, his thoughts are always expressed in a way agreeable to the listener. He does not distract you by gesticulation, neither does he fatigue

you by any approach to monotony: but easy in movements, direct in statement, fresh as to matter, firm in axioms and replete with experience, he has met with great success in the estimation of his associates and cotemporaries. Doctor PARKER's voice is gentle, yet not low; rich in its deeper tones, yet not rough in enunciation. There is a distinctness of expression and a fulness of utterance, that commend attention and reward the musical ear.

The principle of incorporating a telling anecdote in the substance of a lecture has not been wanting on many occasions of memorable import. Professor PARKER is too well acquainted with the human intelligence not to appreciate the important fact, that a forcible example of some careless operation, or the truthful exposure of the neglect of duty done, will fix itself more durably on the memory of the ambitious student, than much of anatomical disquisition or the prosy data of constitutional treatment. When we reflect that for over thirty years, Doctor PARKER has addressed an enlightened audience, we are not surprised that his experience has rendered fascinating what might otherwise be pronounced repulsive.

As on operator Doctor PARKER has been very successful. Even in cases rendered complicated by a broken down, wasted life; or debilitated by a cachectic diathesis, he has "cut," dressed, attended, watched over, and finally been rewarded by a freedom from ills in patients whose future seemed doomed, while their present pain was unsupportable.

With regard to any particular branch of surgery, there does not seem to be a special favoritism. Dr. PARKER entered the field of practice with a desire to learn all he could; in later years he had endeavored to teach all he knew, and in the lusty autumn of a well-spent life, he seeks to do all that nature has endowed him with the capabilities of accomplishing. With as large a practice as any surgeon in this city, overrun by applications for assistance, and called away during hours set aside for domestic relaxation and mental culture, Professor PARKER, though possessed of the desire, has not been able to record for the benefit of those who are enamored of such subjects, as many interesting theories as he may have formed. In not a few instances it has been his lot to detect an error in the present system of treatment in some particular case. At another time he has felt the want of some necessary adjuvant, and substituted what was desirable. Now it is of such things that works on surgery are composed. Scarcely a month passes but some new and eminently beneficial discovery is made in analitical chemistry or microscopic anatomy. If after each discovery in the wonderful structure of the human form, the fortunate finder felt bound to write an entire work on anatomy, time and money would be wasted. But it is by permanently recording positive statements of investigated matters, that render it possible hereafter for a tablet of mosaic truth to be constructed that those who pass on in their endeavors to excel, may have an opportunity to live and learn. It is to be hoped that ere many months have passed away, Professor PARKER will record in durable form the results of his surgical experience, with appropriate remarks of matured reflection.

In appearance Doctor PARKER is erect and well-proportioned, ruddy in countenance, and with a clear, bright, hazel eye, which sparkles with good humor and a vigorous, constitutional look of strength. In height he is above the ordinary size, and his walk that of one whose muscles had been well developed in the performance of healthy exercise and protracted labor. His manner is quick, showing a rapid comprehension of what has been said, while there is an affability of expression, and a courteousness of bearing that disarms the apprehension and inspires confidence. Few doctors work harder, are paid better, or do more good than the subject of the present sketch.

A BRIEF BIOGRAPHICAL SKETCH

OF THE LATE

Dr. Joseph Thoburn, of West Virginia.

By J. C. HUPP, M.D.,

Of Wheeling, West Virginia.

Extract.—At a meeting of the medical profession of Wheeling, held October 22, 1864, to adopt resolutions of respect for the character and memory of Dr. JOSEPH THOBURN, late a Colonel in the service of the United States, Dr. HUPP having read to the meeting some memoranda embracing the chief incidents in the life of the deceased, it was

Resolved, That he be requested to use them in preparing a brief biographical sketch of Col. THOBURN for publication.

Biographical Sketch.

JOSEPH THOBURN, M. D., of Wheeling, West Virginia, was born near Belfast, Ireland, April 29, 1825.

When he was about three months old, his father, Mr. MATTHEW THOBURN, an intelligent and highly respected citizen and an exemplary Christian, emigrated to the United States, and settled in Belmont county, Ohio.

His educational advantages were only such as the common school of the country district where his parents lived afforded. He secured a thorough English education, and by a diligent course of reading, his mind was at an early age, well disciplined, and well stored with general information.

When eighteen years of age he began to teach in Belmont county, and spent three years in this occupation. His attention having been directed to medicine, in 1847 he became a pupil of the accomplished Dr. Ephraim Gaston, of Morristown, Ohio, where he spent two years and subsequently prosecuted his studies in the office of Prof. Carter, of Starling Medical College, in which institution, at the age of 25, he graduated as M. D. April 1, 1850, Dr. Thoburn located in Cookstown, Fayette county, Pa., where he practiced nearly two years, and was in the enjoyment of a large share of public confidence, when, November 1, 1851—he was called to the responsible post of assistant physician in the Ohio Lunatic Asylum. July 1, 1852, he was removed, together with all the other officers in the Institution, on account of their political relations. Spent July and August, of 1852, in New York Hospitals, and in September settled in Wheeling.

December 13, 1853, he married Miss Kate A., eldest daughter of Rev. Benjamin Mitchell, D. D., of Mount Pleasant, Ohio. Having resumed a general practice in Wheeling, his influence was not slow in making itself felt in this new field of labor. Endowed as he was with varied capabilities and excellencies, a nature and manner genial and companionable, he came rapidly into the enjoyment of public confidence. And his admitted merit, the extent of his information, the weight of his character, the directness and integrity of his purpose, all conspired to give him the highest esteem and respect of his medical brethren.

Here he was successfully attending to the duties of his profession when the rebellion broke out. Prompted by a sterling patriotism, which nothing but death could extinguish, he entered into the service of his country, acting during the three months' campaign as Surgeon of the 1st Regiment loyal Va. Volunteer infantry; and as soon as he had accomplished its reorganization under the second call for troops, he was chosen Colonel of the same regiment, which, with its brave leader, carried terror to the enemy of civilization and good government on so many bloody fields.

A *braver* heart never beat in human bosom. He had five or six horses shot under him, in the various battles in which he was engaged.

In 1862, Col. Thoburn was in the engagement at Blue's Gap, also the first battle at Winchester, where he was severely wounded in the left arm, which rendered him for some time unfit for duty. He was in *all* the battles and skirmishes in the Shenandoah valley, under Gen. Banks. He fought at the battles of Port Republic and Cedar Mountain. Though sick, he fought at the second Bull Run battle, having been in the saddle for three weeks, when he should have been in the hospital. At length, he was stricken down with typhoid fever, and lay at Alexandria, Va., delirious for many weeks, during which time there was but little if any hope of his recovery. But, "as soon as he recovered, he hastened back to the field, leaving behind him a beloved wife and three lovely children, to whom he was most ardently attached."

During the year 1863, he was on duty in the Valley of Virginia, at North Mountain, and at Petersburgh, in Hardy county. His escape from the latter place with his forces was regarded by military men as the most difficult and successful of the war. During this year, he commanded a brigade under Col. Mulligan. In 1864, he fought with Gen. Sigel at the battle of New Market; under Gen. Hunter, he commanded a brigade at the battle of Piedmont, fought at the battle of Lynchburg, and was in all the series of battles and skirmishes in Hunter's raid.

When the renegade Early made his raid down the Valley, and the summer campaign of 1864 was organized, Col. Thoburn was placed in command of a division. He was in command at the hard fought battle at Snicker's Ferry. He led the first division of Gen. Crook's army, which turned the fortunes of the day at the battle of Opequan Creek. He commanded at the storming of Fisher's Hill, and advanced with Gen. Sheridan's army up to Harrisonburgh. When the rebel army lay near Strasburg, Col. Thoburn *requested* of Gen. Sheridan permission to go with his division as skirmishers—an undertaking difficult and dangerous—and ascertain the enemy's strength and position, which request was granted; and after a hot engagement, the object was successfully accomplished. On the 19th of October, 1864, he fell, nobly fighting for his country's flag, at the battle of Cedar Creek, in the Shenandoah Valley.

On that fatal Wednesday morning, a *model man*, an illustrious hero, fell. One of the most admirably gifted intellects which has at any time been called upon to lead West Virginia troops to victory, was taken from their councils and their active sympathies by the hand of a treacherous foe.* As surgeon or colonel of a regiment, as commander of a division or as civillian, attentive to every detail, whether medical, surgical, or ad-

* Colonel Thoburn was shot by a rebel cavalryman, *dressed in our own uniform*, the Colonel not knowing the rebel was a foe.

ministrative. Col. THOBURN was always prompt at the call of every duty.

"He was one of the most amiable of men, modest, humble, and unassuming." In his private life, he illustrated some of the best points in his character, in a thousand ways which the public eye would never detect.

He was in the largest and truest sense a *benevolent man*. He had a large practice among the poor, and in his daily visits his hand was ever open to relieve their wants, if it possibly lay in his power to do so. No one but his wife knew how much he did in this quiet way. Repeated instances might be recorded here in which he assisted others under circumstances which must have cost him no little personal sacrifice. His charities, which were almost as numerous as the days he lived, were bestowed without the least ostentation, as without pretension.

Another marked trait of Col. THOBURN's character was his *unselfishness*. This he regarded as the corner-stone of a true manly character. With him it was no pretence, but in his whole life he never sought any advantage at the expense of another. Nowhere was this more conspicuous than in the army, where jealousy too often mars the harmony which ought to exist among officers. He never lost his character for manly unselfish patriotism amid all the rivalries and jealousies of the camp.

His *devotion to principle* was another prominent trait of his character. Without offensively obtruding himself and his views on others who differed from him, he adhered to his own convictions of right with a quiet firmness which nothing could shake. He feared no consequences when once satisfied that a given course was right. Though by no means insensible to public applause, he never courted it for its own sake, and never gave it a thought when any principle was at stake. Whoever recalls the momentous events, the gigantic and often acrimonious struggles for ascendency, the portentous and brilliant military achievements, which, from 1861 to 1865, fixed the public attention and excited the alternate hopes and fears of contending armies, and was acquainted with Col. THOBURN, will remember that through all these bloody events he continued to advance steadily in public appreciation to fill a yet wider and wider space in the eyes of the country; that on him rests no imputation of having ever purchased favor or advancement by the *slightest sacrifice of principle*, or of having deviated into any of those equivocal positions which sometimes bring disrepute on illustrious names. He was a man of hopeful temperament, of broad views and sound judgment. In estimating character, he saw the best points only, or else found so many ways of excusing what was bad, that he was accustomed to take a favorable view of individuals and of society at large. In all his plans, and in all his opinions on the questions of the day, he was accustomed to take broad views and weigh every minute issue involved, and if he erred, it was never on the side of narrow prejudice and bigotry. Few men had a clearer apprehension of the issues involved in the present war than he. For years, he was settled in the conviction that, through the diabolical influence of slavery, what has happened would come to pass; but, perhaps not a dozen persons knew his opinions. From a long study of the issues involved, viewed in his usual comprehensive manner, he had reached his conclusions, but it was not in his character to obtrude his views on those who did not sympathize with them. The genial elements of his character naturally expanded most freely in the circle of his family and friends, where he was truly and ever at home.

The many manly qualities in his character were too conspicuous to escape the notice of any one who knew him. But whoever had not seen Col. THOBURN in his dwelling or among his friends, knew him but imperfectly. It is indeed rare to meet with one whose capabilities and excellencies were so varied and distinct, nor is it possible that any one knowing him as colleague, counsellor, friend, should speak of him otherwise than frankly and from the heart, though conscious of the imperfect representation given in these memoranda of a man so intrinsically great in all the elements which constitute true greatness, and so entirely beloved for all that refers itself to the amenities of social intercourse and the sacred endearments of home.

In conclusion, it is proper to add that Colonel THOBURN had the confidence and love of his soldiers in a preëminent degree, strikingly manifested indeed in the young soldier who saw his remains at the depot in Wheeling, who sobbed and cried until he moved all who were present. During the two days that his remains, also the remains of Captain BIER and Sergeant JENKINS, his fearless comrades who had fallen on the same field, lay in state in the appropriately decorated and draped Senate Chamber, in the Capitol, thousands of people mournfully approached, with hearts bowed down with grief, to take a last sorrowing look at the dead heroes, drop a silent tear to their memories, and attest their appreciation of the sacrifices they had made.

The largest funeral procession that ever took

place in Wheeling followed Colonel Thoburn's remains to Mount Wood Cemetery, where, with military honors, were deposited "all that was left of the loving husband, the tender father, the dutiful son, the good physician, the brave soldier, and the humble and consistent Christian."

THREE DIFFERENT FORMS OF SPINAL DISEASE.

By S. C. Thornton, M.D.,

Of Moorestown, N.J.

Case 1. Cerebro-Spinal Meningitis.

May 23, 1864. Beulah W——, aged forty-five, was taken with a chill at the house of a friend in Moorestown, which was followed by a very hot fever. In the evening she walked to her home, almost a mile off. She was obliged to sit several hours on the road-side,—and was finally assisted home by one of her neighbors. Pains in the back of the head, the extremities, particularly the right ankle, and the fever constituted then the main symptoms.

May 24. She sent for me either to go this evening, or to send some medicine. I accepted the latter alternative, and sent some comp. cath. pills—Cook's.

May 25. The cathartic did not purge, and was thrown up. She lies sprawled in the bed—head and heels on the same level. Has a very dry and hot skin, reminding me of the calor mordicans of medical writers. Pulse 120, and of good volume; tongue coated with a slightly brown coat; much hebetude of expression; face has a dark, or purple flush—her face was naturally flushed, however. She has a short and thick neck, being of rather full habit, though not fat. She is sensible, and answers correctly. Complains much of the pains in her head and back. Has a rash somewhat resembling rubeola. Prescribed calomel and jalap ten grs. each, and spts. of nitre, with very small doses of aconite. If the mercurial cathartic failed to purge, small doses of epsom salts and magnesia combined, were to be given pro re nata.

May 26. It was found necessary to give the saline purgative yesterday. She was to-day apparently better, and almost clear of fever. The decubitus was however the same, and the pulse not so frequent, and almost natural; skin cool; expression and venous congestion the same as that of yesterday. Prescribed small doses of whiskey and beef tea as long as the fever was absent. The febrifuge mixture before prescribed if the fever returned.

May 27. Found her comatose; head drawn back, and there remained firmly; lower extremities stiff and straight; arms stiff; forearms bent at right angles on the arms, and both arms and forearms kept firmly to the chest; jaws stiff and closed, and could not be separated. Whatever food and medicine were taken, were poured through an aperture occasioned by the loss of a tooth. Temperature of the skin natural; pulse weak and not frequent; pupils much dilated; upper and lower eyelids when separated remained so. Prescribed whiskey and beef tea, and applied sinapisms and other rubefacients.

May 28. Much worse. The peculiarity of her respiration constituting one of the most singular symptoms of disease I have ever seen—which was two short inspiratory efforts to a full expiratory one. Whether this depended upon the morbid state of the medulla oblongata in which the phrenic nerve originates, causing spasmodic action of the diaphragm or no, I do not know.

May 29. Died. No autopsy.

Case 2. Spinal Meningitis.

On Sunday evening, July 10th, 1864, Joseph Burr, aged forty-five, a stout and robust farmer, hard worker, and temperate, fearing it would rain before morning, put his hay into cocks, and afterward, whilst warm, perspiring, sleepy and fatigued, lay on one of the cocks, and slept there till morning—rather until some time after 12 P. M., and then feeling chilly started homeward.

Monday. His back was stiff and sore; "tried to work it off by binding wheat"

Tuesday. Went to Mount Holly, and whilst walking along the street, felt what he termed a spasm in his back, and a drawing of his head backward, so much that he stepped into a drug shop to get something; the article agreed upon was apple brandy.

Wednesday. He was off to a grist-mill. The singularity of his gait, and carriage of his body, attracted the attention of the millers. And they were not a little surprised when they saw it was very difficult for him to open his jaws sufficiently wide to admit of a few grains of wheat he had taken from the hopper to chew.

In the evening and night, until 12 P. M. again, he was in the harvest field.

Meeting a neighbor, who had just started for market, he complained to him of the general stiffness—especially that about the jaws,—and expressed his belief in its being a cold.

Thursday. He sent for me. I found him standing at the front door, resting on his cane, and supported by two assistants. He was greatly agitated; expression wild; manner excited; face pale; voice tremulous and indistinct; his whole body covered with a warm and profuse perspiration; pulse full and quick; tongue natural; talked

constantly; told me he would die, as his jaws were set, etc.

Immediately before I saw him he had had an attack of trismus, by which his tongue was considerably bruised. Having come to the conclusion that his case was an unpromising one—that he could understand what was "locked jaw," and that I might be excused if he died of "locked jaw," etc., I told him such was the fact, and that it came from cold received from sleeping in the open air. He had been plied well with various domestic and patent remedies, both internally and externally, before I saw him. I had him removed from the strong draft in which he was standing, for the purpose, as he said, "to keep him in breath." With the aid of his assistants, he, with great difficulty, on account of the opisthotonos—or, as he termed it, "drawing his heels and the back of his head together," reached a chair only two or three yards off. By several appliances, and many trials, the chair could be made for a short time only, to lean so as to suit him. He walked with his head and neck thrown backward, and there kept in one position; legs drawn outward somewhat, partially flexed, and knees not admitting of much flexion.

I cauterized his back over the spine, from the occipital region to the sacral, with a solution of caustic potassa; and prescribed tr. assafœtida f.ʒj, and morph. gr. ss., every two hours when awake.

Friday. Slept but little last night. He dreaded sleeping, because as soon as he fell asleep he awoke in a spasm.

Skin over the vertebræ very sore.

Dr. J. H. Stokes also saw him this morning. We found it a difficult matter to get him into a position sufficiently comfortable to admit of his taking his medicines. We prescribed morphia, gr. ⅛ every hour; quinia, aro. spts. ammonia, and whiskey. Assafœtida was omitted on account of nausea produced. Ether was inhaled during the spasms. The clonic spasms of the extremities, and the tonic ones of the back, lasted during the night, with considerable rigidity of the muscles of the jaw, which was generally increased by the vessels containing the medicines touching the lips. He could not lie in bed.

Saturday. Same symptoms, and worse spasms.

Treatment. Whiskey, quinia, ammonia, and a teaspoonful of a mixture every two hours, containing in each fluid drachm twenty-eight drops of chloroform, thirty-five drops of laudanum, and one-seventh of a grain of morphia, when awake.

Sunday. Symptoms no better: yesterday's treatment continued.

Monday. Dr. Stokes and myself met at 8 A.M. Pulse one hundred and sixteen, as it had been heretofore; neither had there been any change in the sweating, which is as profuse as ever. Spasms appear to have left the back of his neck, and to have fallen into the dorsal and lumbar regions; there was also pleurothotonos of the left side. While swallowing he was attacked with a frightful convulsion. His limbs and trunk were as stiff and rigid as if affected with a severe attack of catalepsy; trismus was also complete; pulseless; extremities cold; face livid, and bathed with a profuse sweat; we thought he was gone. By lowering the back of his chair, and applying restoratives, he was resuscitated. At 11 A.M. the convulsion returned, and he died.

The usual quantity of urine was passed, and was not of any peculiar color, nor unusual quantity.

In the first case there were symptoms of cerebral disease; in the second none. In the first those muscles only were affected with spasms that were supplied with nerves that came only from the medulla, viz., the first nine pairs of spinal nerves.

Case 3. Tetanus.

Nov. 5. 1864. Hezekiah Warner, aged 27; stout, accustomed to hard work, and of good health. Complains of general soreness, moves with much pain, and feels very stiff. Has a very small incised wound on the left hand, that he received ten days ago from a stalk knife whilst cutting corn stalks. During the cold weather succeeding this period, his wounded hand has been frequently immersed in cold apple pumice whilst making cider. The wound presents a healthy appearance. The following symptoms induced me to believe that the disease is tetanus, and that perhaps traumatic. And yet, from the dreadfully unfavorable prognosis of this disease, one might doubt it. But I have known one favorable exception. Pain and stiffness in the back of the neck and jaw; great difficulty in swallowing; deglutition producing a sense of suffocation; constant pain in the chest—præcordia; the inhalation resembling gasping; whole person sore, and cannot be moved without much assistance and great difficulty; bowels constipated; and the wound also painful. There are, moreover, no other symptoms that would lead one to suspect that the disease could come under any other head. One other symptom was the abundance of slimy mucus in the throat, that caused constant efforts to relieve himself of.

Treatment. Opium, camphor, calomel, counter-irritants. Recovered in three weeks.

Editorial Department.

Periscope.

Pustular Diseases of the Skin.

In a lecture lately given at Vienna, quoted in the *Brit. Med. Journal*, Hebra says:—

"Pustular diseases of the skin described by authors under the name of impetigo, ecthyma, porrigo, achor, etc., do not exist as essential diseases; they are merely the consequences of other skin diseases, which are recognizable by other signs than those of pustular eruptions, and generally, indeed, before the pustular eruption appears. Consequently, in dealing with pustules of the skin, our business is, not to trouble ourselves about the size, form, and number of the pustules, but to learn what that particular disease is which preceded the pustular eruption. We must never forget that a large number of pustular diseases are produced by local irritation, and should, therefore, in the first place, search for traces of scabies, of prurigo, pediculi, etc. Then, again, the diagnostic marks of the real cause of the pustules may have disappeared when the pustules come under our notice; as in scabies, as in the vesicles of eczema, the papules prurigo, etc. The development and death of pustules usually take place in a similar way. All pustules resemble each other. It is impossible to distinguish the pustule of variola from that of acne, of syphilis, of scabies, etc.; neither do the size, nor the contents, nor the form of the pustules give us any distinctive sign. Even the depression of the pustule, supposed to be diagnostic of small-pox, is observed in all other pustular diseases—that is, as long as the contents of the eruption have not become completely purulent. The mere observation of the pustules, therefore, does not enable us to decide the nature of the disease; we must observe their whole course, their seat, etc. The words impetigo and ecthyma should be either banished from medicine, or they should be used simply as generic terms, to indicate the presence of a large number of pustules. They represent no distinct diseases."

The Picro-Nitrate of Potash in Trichinous Disease.

In *Schmidt's Jahrb.*, v. cxix., page 187, Meissner gives a *résumé* of recent contributions to our knowledge of trichinous disease, and continues it in Band cxxiv., pp. 182–194. In the former of the two he notices Fiedler's experiments with picro-nitrate of potash on trichinized rabbits. He found that the picro-nitrate had no effect on the parasites, either in the intestines or in the muscles; that it did not prevent either the development of the embryos or their migrations; and, finally, that if given in large doses it killed the rabbits, but not the trichinæ. Fiedler's opinion of its value was therefore opposed to that of Friedreich. In the second communication Meissner quotes Dr. R. Fiedler and Dr. Kohl's researches into the value of benzoine, which has been recommended by Mosler. They also instituted a series of experiments on trichinized rabbits, and found that large doses of benzoin, given for a long time, are able to kill the trichinæ in the intestines, but that smaller doses have not any deleterious effect on them; that the benzoin, even in the largest doses possible, has not any effect on the trichiniæ in the muscles. It is very possible that when, like Mosler, one poisons the animal experimented on with benzoin, the trichinæ in the muscles die; but Fiedler believes from his experiment, that benzoin could never attain any practical value as a remedy against trichinæ in the intestines or muscles. The human organism could not bear the larger doses that killed the parasite, and smaller doses in nowise hindered its development or its migration. Mosler is, on the contrary, confirmed in his opinion of the value of benzoin by further experiments, and comes to the conclusion that benzoin, which holds the first place among known anthelmintics, can be borne by the human system in larger doses than he at first believed; that in such doses it kills the trichinæ in the intestines, and prevents in great measure the migrations of the embryos, and that therefore it is the only rational means that may and must be employed against trichina disease in man. Mosler, from his later experience, contends that Fiedler's judgment was a somewhat hasty one, and he endeavors to show from Fiedler's report, that his experiments really told not against but in favor of the use of benzoin.—*Brit. and For. Med.-Chir. Review.*

Difference of the Sensibility of Joints.

Dr. James W. Bell, of Rochester, in the *Brit. Med. Journal*, has pointed out the difficulty of foreseeing the amount of mischief that may ensue upon any injury of a joint, in consequence of difference in the susceptibility of the joints. This difference is due to the following causes: *a*, anatomical and physiological; *b*, diathetic; *c*, morbid state of system at period of injury; *d*, accidental.

The author recommended the removal of dead portions of bone from the cavity of joints, in the place of excision, in selected cases, and at a medium period., viz., neither too hastily nor too tardily.

Dr. Bell narrates the heads of several cases:

Case I. A publican sustained a compound comminuted fracture of the patella by a fall from a cart. The recovery was perfect. The treatment consisted in the application of twelve leeches within the first twenty-four hours; and in the use of tartarated antimony, digitalis, and opium, for a fortnight, and of iodide of potassium subsequently.

Case II. A man met with compound comminuted fracture of the olecranon. Unhealthy inflammation of the soft parts supervened on the fourth day: the joint became disorganized; pyæmia occurred; and death was the result.

Case III. A man received a lacerated wound of the knee-joint without injury of the bones. Traumatic delirium set in on the fifth day, and death occurred about the tenth day.

Case IV. was that of a youth whose knee-joint

was twice injected with iodine, without the supervention of much local inflammation or general disturbance.

Hydrocephalus.

The *British Medical Journal* says, that M. Bouchut, of the Children's Hospital, Paris, has called in the ophthalmoscope as a diagnostic agent in chronic hydrocephalus and rachitic state of the cranial bones. In chronic hydrocephalus, the early signs of the disease, he says, are often obscure; but the vessels of the eye always undergo appreciable modifications. In proportion as the serum accumulates in and compresses the brain, we find—1, an increase of vascularity of the retina, with dilatation of the veins; 2, an increase of the number of vessels in the retina; 3, a complete or partial serous infiltration of the retina; 4, atrophy of the retina and its vessels; 5, atrophy, more or less marked, of the optic nerve. These lesions vary with the age of the disease and the amount of serous effusion. They result either from compression of the sinuses preventing the return of blood from the eye, or from compression of the optic nerve within the cranium. But none of these lesions exist in rickets. In twenty-two children between five months and three years of age, examined by M. Bouchut, in whom the body was only slightly deformed, but in whom the head was increased in size and the anterior fontanelle open, and some of whom had, and some of whom had not, had convulsions, the eye preserved its natural appearance. There was neither alteration of the pupil, nor any disorder of the venous circulation of the retina. Hence, he says, by means of the ophthalmoscope, we can distinguish between rickets and chronic hydrocephalus.

American Surgery in Paris.

Dr. Chas. A. Pope, in a letter to the *St. Louis Medical Journal*, remarks that during his sojourn in Paris, thanks to the kind invitation of Dr. Sims, he had the pleasure of witnessing an operation by him for procidentia uteri. His plan in these cases is to diminish the calibre of the vagina, and thus to prevent the descent of the womb. As in the operation for vesico-vaginal fistula, the patient was placed on her left side with her face and chest to the table. The operator commenced by freshening the vagina on either side of the meatus urinarius, in a line a quarter of an inch wide, and extending along the whole length of the vagina, on both sides, and on to the sides of the neck and os uteri in an elliptical direction. A space of mucous membrane was thus circumscribed in the mesian line. The freshened surfaces were then united, partly by the continued, and partly by the interrupted silver suture, the latter portion having been left permanently *in situ*, as the patient had passed her climacteric. The operation proved a perfect success.

"Although long and practically familiar with the method and appliances of Dr. Sims, it was yet with great pleasure and interest that I saw them put in use by his own hands. His skill in manipulation is only equalled by the simplicity and ingenuity of his implements. He has exhibited his operation for vesico-vaginal fistula in a number of the Parisian hospitals, and for the great benefits which he has conferred on a large class of previously hopeless and miserable females, he well deserves the decoration of the Legion of Honor, lately bestowed on him by the French Emperor.

"About ten days ago Dr. Sims left Paris for London, where he expects to establish himself in practice. He is engaged in writing a work which will be looked for with great interest, as his position in the Women's Hospital of New York afforded him an unexampled field for experience and observation, the fruits of which will now be given to the profession."

Rare Nervous Disease.

The Edinburgh correspondent of the *British Medical Journal*, says, that at a recent meeting of the *Med. Chirurg. Soc.* of Edinburgh, Dr. Sanders read a most interesting report of a rare form of nervous disease to the Society. The subject of it is a man, about 35 years of age, who is affected with a remarkable disorder of the voluntary movements. When the patient is kept perfectly quiet, as during the night, nothing is noticeable. If caused to move, or in any way agitated, the most violent oscillating and somewhat rhythmical movements of nearly all the muscles of the body, with the exception of those of the face, take place. If the patient attempt to walk, these movements are so excessively violent that he nearly falls, and when he reaches a seat he can only with difficulty maintain himself in a sitting posture. Dr. Sanders pointed out that there was no paralysis of voluntary movements and no loss of muscular power; none of the sensory functions are in the slightest degree implicated. There is no tenderness over the spine; no affection of the heart.

The history of the patient is a curious one. Some months since, he fell from a height of twelve feet, and sustained certain injuries, from which he recovered; no disorder of movements having made its appearance. A few days after returning to his work, he again fell, and, although not injured, appeared to sustain a great fright. He immediately began to shake so violently that those who saw him thought him to be in a fit. These shaking movements have since continued.

In his very excellent and learned commentary on this case, Dr. Sanders maintained that the disorder was most probably only a functional one. He pointed out that the affection had no real resemblance to paralysis agitans, as might, at first sight, have been supposed. Besides there being no loss of muscular power in this case, there is a total absence of the scelotyrbe festinans, the bending forwards of the trunk, which, as Parkinson showed, is an essential feature in paralysis agitans. The case differed, Dr. Sanders likewise pointed out, from chorea, in the movements being rhythmical and not irregular, and in the muscles of expression being free from disordered movement. Although differing, to a certain extent, from chorea, the disease was one closely allied to it; and should be placed along with that class of nervous disorders which had been named by Galen and Sylvius *tremores*—a term which has been also used by Romberg, and serves as a link be-

tween the diseases which may be arranged under the terms paralysis and convulsions. Dr. Sanders suggested, that the disease affecting the patient which he had shown to the Society might perhaps be conveniently named pseudo-paralysis agitans, or dystaxia agitans.

The Therapeutical Uses of Ox-Gall.

Professor Wolff, says the *British and Foreign Med. Chir. Review*, wishes to direct the attention of the medical public to a renewed trial of ox-gall, so that it may again effect the purposes for which it was formerly recommended. The ox-gall acts as a tonic, laxative, and nervine. As a tonic it is especially useful in dyspeptic cases dependent on atony of the gastro-intestinal canal: as a laxative when a powerful stimulation of the intestine is at the same time required, and in cases of deficient and morbid secretion of bile with attendant constipation. In such cases ox gall is more useful than any other medicine recommended for the same conditions, and a patient who was treated by Dr. Wolff for symptoms of cirrhosis of the liver, jaundiced skin, obstinate constipation, and increasing emaciation, was completely cured by the use of this agent. Dr. Wolff also found this remedy very beneficial in two cases of spasm of the stomach in an especially severe form. In order to produce a laxative effect he ordered a tablespoonful of solution of from four to six drachms of inspissated ox-gall in six ounces of aromatic fluid, to be taken four times a day; but to produce a tonic effect smaller doses are sufficient.

Magnesium and Hare's Light in Surgery.

"M. Fournié, according to the *Gazette des Hôpitaux*, the other day, exhibited to a large class a polypus of the larynx with the laryngoscope and magnesium light. By the aid of a Plassy lamp, he projected the luminous rays upon the mirror placed at the bottom of the throat. The image of the parts reflected upon the mirror being very small, he placed a bi-convex lens in front of the mouth, and so enlarged it that it was distinguishable at the distance of several yards. M. Fauvel has for some months employed Drummond's* lime light for the purpose of producing a brilliant flame in his laryngoscopic clinique. He prefers it to the magnesium light, as it is not liable to the interruptions incident to that, while it costs only fifteen pence per hour, instead of a shilling per minute. M. Fauvel recently removed, by aid of the Drummond light, a polypus from the chordæ vocales."

Reviews and Book Notices.

Annual Report of the Royal Edinburgh Asylum for the Insane. For the year 1864.

The ordinary managers of this celebrated Asylum present a very encouraging report of its operations during the past year. The resident physician, as usual, is compelled to complain of the injudicious attempts at kindness, in the removal of friends before they are perfectly restored. The same defect exists in the lunacy laws of Scotland in this respect as in our own.

The daily average number resident in the Asylum during the year was, males, 325; females, 321; total 646. Of those discharged 105 were cured, 39 relieved; 46 not improved, and 62 died. The number remaining at the close of the year was males, 322; famales, 322; total 644.

"One of the voluntary inmates was a young gentleman who had been a kleptomaniac from his infancy. In childhood he stole soiled gloves and handkerchiefs, and other useless articles, which he secreted. He stole money from his friends, without any apparent purpose of spending, for he would give it away to his companions, would readily confess the theft if charged, and restore what he had taken. He deplored his propensity, protested that he could not help it, that the moment he had gratified his desire to appropriate, he knew he had done wrong, and was anxious to get rid of the stolen property."

"The mortality was below the average of former years, being in the ratio of 7 per cent. to the total number under treatment, or 9 per cent. to the mean number resident."

The insanity was supposed to be due when admitted to the following causes: First, intemperance was the exciting cause in 10 per cent. of the sufferers. Next in frequency were moral causes, such as grief, anxiety, and domestic afflictions,—amounting, when added together, to nearly the same per centage as those ascribed to intemperance. The next most frequent cause was the climacteric period, or bodily disease of some kind. The frequency of relapses is also shown in this table, no fewer than 66 of the patients having had previous attacks. In 52, a hereditary predisposition was admitted to exist. The number of cases ascribed to religious excitement or revivals has very materially diminished during the past year, being only 3, instead of 13, as in the preceding year.

In certain respects the tables of cures show the same results as will be found the world over—namely, the greater curability of the more acute forms of insanity, although one case of recovery from general paralysis is chronicled. The statistics also show the duration of the insanity in the patients previous to their admission,—illustrating the curability of insanity in its earlier stages, and its comparative hopelessness, when it has continued for any length of time before being placed under Asylum treatment.

An appendix giving the pathological appearance observed in the brain, accompanies the report, and is very valuable, but our space forbids presenting an abstract from it, which we much regret. We may recur to it again.

* More properly Hare's.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 8, 1865.

MEDICAL SOCIETY OF THE STATE OF OHIO.

We are indebted to a correspondent for an account of the late meeting of this Society. The meeting was quite well attended and continued through three days, some of the proceedings being quite spirited. It seems that Dr. Mussey, of Cincinnati, not satisfied with the explicit denial given at the meeting of the American Medical Association at Boston, to his charge there, that the Surgeon-General had been guilty of consulting with a homœopath, renewed the charge at this meeting, and denounced the Surgeon-General quite warmly in a speech of some length. Dr. Mussey does not seem to offer any other proof in support of the charge, than the published letter of the homœopathic doctor. Now we know nothing whatever of the circumstances connected with the case beyond the statement of Dr. Woodward, at Boston. Our own impressions on the subject were given in a recent number of the Reporter, and they seem to be fully borne out by the statements of Dr. Woodward, before the American Medical Association at Boston, and of Dr. McDermott, in reply to Dr. Mussey, at the meeting of the Ohio Society. The charge against the Surgeon-General is a very unnatural, not to say ridiculous one, and we are not willing to accept the testimony against him as valid. We have no doubt but the committee that was appointed to correspond with the Surgeon-General on the subject will, when they come to learn the facts, be surprised to find on what a slender basis the charge rests.

We believe in holding all members of the profession, particularly the more prominent ones, to a strict ethical accountability, and we trust that the result of this case will be to induce members of our profession to cast about and see if there may not be prominent and influential medical men in their own neighborhoods, whose conduct in this respect would bear looking into.

Our friends of the State Medical Society of Ohio seem to have taken a perpetual lease of the White Sulphur Springs for the purpose of holding their meetings. In this, we think they are wise, as also in continuing their sessions for three days. A trip to the meeting of the State Medical Society is, at the same time, a trip of pleasure to a fashionable watering place, and becomes subservient to science, health and pleasure. Some of our other States might profit by this custom of the Ohio Society.

ENDOWMENT OF LECTURESHIPS IN THE UNIVERSITY OF PENNSYLVANIA.

Publicity having been given to the proposed endowment of Lectureships in the Medical Department of the University of Pennsylvania, we will state the facts as briefly as possible, so far as they have transpired.

The Trustees of the University of Pennsylvania, through the liberality of the distinguished Emeritus Professor of the Theory and Practice of Medicine in that institution—Dr. George B. Wood, as we are informed, have devoted the sum of $50,000 to the endowment of lectureships in the University on the following subjects:—1. Zoology and Comparative Anatomy; 2. Botany; 3. Mineralogy and Geology; 4. Hygiene; 5. Medical Jurisprudence, including Toxicology. We have heard the names of competent gentlemen mentioned in connection with each of the chairs, but do not as yet feel authorized to give publicity to them. The appointments will be made in November next, and the first course of lectures will be given the ensuing spring. Each lecturer is to receive a salary of $500 from the fund, and also all fees that may accrue from the sale of tickets, the fee not to exceed $10, and regular matriculants and alumni to be admitted free.

This liberal action of Dr. Wood is entirely in keeping with his well-known views on the subject of medical progress. He has always been a friend of thorough education, and when a teacher and professor, always insisted on a close application to his studies on the part of the student, and a proper qualification for the discharge of the responsible duties of the physician on the part of the graduate.

In no better way could he have shown his love of, and confidence in the science of medicine, and his attachment to his Alma Mater, the venerable University of Pennsylvania, than in the establishment of these lectureships. The devotion of a well-earned fortune to so high, honorable, and ennobling a purpose as the advancement of medical education, would serve to immortalize the name of this distinguished friend of medical progress, even if he had done nothing more to secure to him so eminent a position.

A REGIMENT OF SOLDIERS STRUCK BY LIGHTNING.

Several instances have been given of late, of regiments of soldiers being struck by lightning. Dr. H. S. Plummer, Surgeon of the 152d regiment, Illinois Volunteers, stationed at Tullaho-

ma, Tenn., under date of June 19th, furnishes the following account of an attack on that regiment by the artillery of the clouds:

"Our regiment was yesterday the scene of one of the most terrible calamities which it has ever been my lot to witness.

"About two o'clock, P. M., a violent thunderstorm visited us. It being Sabbath, the "guard mounting" was deferred until two o'clock, on account of the morning being occupied in grand review. While the old guard was being turned out to receive the new, a blinding flash of lightning was seen, accompanied instantly by a terrific peal of thunder. The whole of the old guard, together with part of the new, were thrown violently to the earth. The shock was so severe and sudden that, in most cases, the rear rank men were thrown across the front rank men. One man was instantly killed, and thirty-two others were more or less severely burned by the electric fluid.

"The men were mostly injured in the region of the shoulders, arms, and hips; the men having been standing at shoulder arms, in which case the barrel of the musket would rest in the hollow of the right arm and shoulder, the butt of the piece resting against the hip. One man, who was on guard in front of the hospital tent, had his musket thrown from his hands, and the bayonet stuck into the ground. The man himself was shocked pretty severely, but not thrown down. One man, who had been to the rear and was returning, was struck down and severely injured in the eyes. In some instances, the men's boots and shoes were torn from their feet and torn to pieces, and strange as it may appear, the men were injured but little in the feet.

"In all the cases, the burns appear as if they had been caused by scalding hot water, in many instances the skin being shrivelled and torn off. The men all seem to be doing well, and a part of them will be able to resume their duties in a few days."

Notes and Comments.

Professor Elected.

Dr. John B. Biddle has been elected by the Trustees of Jefferson Medical College, in this city, to fill the vacancy in that institution caused by the death of Thomas D. Mitchell, M. D., Professor of Materia Medica and General Therapeutics.

Dr. Biddle has been long and favorably known in this city as a teacher of Materia Medica, and the appointment will, we doubt not, prove to be of great advantage to the Jefferson Medical College. Dr. Biddle is a nephew of the late Dr. Nathaniel Chapman, so long the popular professor in the University of Pennsylvania.

The Long Island College Hospital.

The annual commencement exercises of the Long Island College Hospital took place at the Athenæum, Brooklyn, on the evening of the 29th ult., and was well attended. The Rev. A. N. Littlejohn delivered an invocation, when Dr. Mason came forward, and, after a few introductory remarks, conferred degrees upon fifty-two graduates. Prof. F. H. Hamilton delivered an address to the graduates, after which the Valedictory was read by Mr. E. S. Bates, of the graduating class. Grafulla's Band furnished music during intervals, and the proceedings terminated with a benediction by Rev. Dr. Littlejohn.

Deceased Prisoners.

Agreeably to a request of the War Department, a list of the names of those who are known to have died in rebel prisons has been prepared in the Surgeon-General's office, and will be furnished to the authorities of the several States to which they belonged.

Emigrant's Hospital on Ward's Island, N. York.

This new hospital—a magnificent structure of brick, which will when completed have cost at least four hundred thousand dollars—is after a design of Mr. Rich, and consists of five large buildings, faced on the south, with ten lofty towers springing from the ground, with spacious areas between each building, so that sun, light and air are admitted freely on all sides. The baths, furnaces, and water closets are in the various stories of these towers, and arrangements are also made for ventilation in winter in the most scientific manner. Everything about the hospital is in the best taste, and planned with consummate judgment; and New York may boast that no superior institution of a similar character exists in any other city in the world. The necessary vegetables for the inmates are raised abundantly on the island.

The Sanitary Condition of Wilmington, N. C.

Parties from Wilmington bring alarming reports of the filthy and sickly condition of that city; which condition of things has been growing worse since the arrival there from the rebel prisons of our soldiers, who were rotten with disease. It is also reported that the yellow fever has appeared there; but this is not believed, as it is

considered too early in the season for that epidemic.

The blacks who have gathered there in great numbers, furnish many victims to disease. The Newbern *Times* says the spotted fever has been raging fearfully among the blacks as well as the whites in Wilmington, and it is whispered that the yellow fever is threatened.

Correspondence.

DOMESTIC.

Medical Society of the State of Ohio.

EDITOR MED. AND SURGICAL REPORTER:

The Medical Society of the State of Ohio, met at White Sulphur Springs, on the 21st of June, and was called to order by the President, Prof. WEBER, of Cleveland.

The county organizations throughout the State were well represented; over one hundred medical gentlemen were present. Among them were Drs. Kirtland and Firestone, of Cleveland, Surgeon-General Barr, of Columbus, Surgeon McDermott, U. S. Army, Drs. Mussey and Stevens, of Cincinnati, Russel, of Mount Vernon, and other prominent members of the profession.

The meeting was characterized by great cordiality of personal intercourse among the members, and by a lively and general interest in the proceedings. The Society continued in session three days, during which, various papers were read, and various discussions held on topics of professional interest.

The report on *Diseases of the Eye* by Dr. METZ, of Massilon, was a valuable contribution, and reflected much credit on the author, who for several years past has given special attention to the subject of ophthalmology.

The report on *Army Surgeons*, by Surgeon-General BARR, contained some interesting facts and statistics. He showed that greater success had attended the medical operations of the Union armies, during the late war, than had ever before been known in the history of civilization. By comparing our statistics with those of the French and English, it was shown that these nations had never succeeded in bringing the medical administration of their armies to a condition of efficiency which would at all compare with that of the American army. While it was true that in the early history of the war, many of our surgeons, like our generals, lacked experience in the terrible events which challenged their energies, and had therefore committed some mistakes, it was, nevertheless, a fact that in the progress of the war, the medical staff had attained a degree of skill and success in the treatment of wounds and diseases, which was unparalleled in the armies of the most educated nations of Europe. It was shown that in a very large number of carefully reported amputations, *eighty-five per cent.* of the cases had recovered.

A report on the treatment of *Gunshot Fractures*, by Dr. KYLE, of Xenia, gave rise to an animated discussion on the merits of conservative surgery. The author of the report recommended early amputation in almost all cases of gunshot fracture of the leg and thigh. He cited a large number of cases where attempts to save limbs had resulted in the loss of life. His views were ably endorsed by Surgeon-General BARR, who thought the conservative surgery of the present day was more intent on preserving the limbs than the lives of patients.

Dr. MUSSEY took a decided stand against the doctrines set forth in the report, and the opinions expressed by the Surgeon-General. He thought the failure to save fractured limbs was not so frequent as the gentleman imagined, and that such failures might be obviated by attending more carefully to the circumstances of each case. He disagreed with the author of the paper, in regard to *pyæmia*. It was not a sequence of suppuration, nor did it consist of pus in the blood. It was a condition of the system resulting from defective nutrition.

Surgeon GAY, of Columbus, made some excellent practical remarks on the subject of gunshot fractures, setting forth certain conditions under which it would be the duty of the surgeon to try and save the limb, and other conditions which would demand immediate amputation.

A resolution was offered by Dr. MUSSEY, censuring Surgeon-General BARNES, U. S. A., for consulting with VERDI, the homœopathist, in the treatment of Secretary SEWARD.

Dr. M. indulged in some remarks by no means complimentary to the Chief of the Medical Bureau of the army. He regarded the publication of VERDI, and his testimony in court, as conclusive evidence of the Surgeon-General's guilt.

The resolution was favored by several members, who thought if the Surgeon-General was innocent of the charge, he would not have suffered the published statement of VERDI, to be circulated throughout the land without a public contradiction.

The resolution was opposed by Surgeon McDERMOTT, who hoped the Society would have too much self respect to entertain so grave a charge

against a distinguished member of the profession, when that charge had no foundation except the testimony of a homœopathist. For himself he would not harbor a suspicion against the humblest member of the profession on such testimony.

He thought the gentleman who offered the resolution ought to be censured for treating the statement of a homœopathist with so much consideration. Verdi was a traitor to the profession —a quack. And therefore unworthy of credence in any issue between himself and Surgeon-General Barnes. Dr. McD. did not believe that the Surgeon-General had ever consulted with a homœopathist. And he had good reason to believe that Verdi was not known to him, much less participated with him in the treatment of Mr. Seward.

The resolution of censure was laid on the table. Subsequently a motion was carried instructing the President of the Society to appoint a committee to address a respectful inquiry to the Surgeon-General, in order to get the facts in the case.

Other matters of general interest were submitted to the consideration of the Society. One motion related to the hygiene of public schools. A special committee was appointed to inquire into, and report upon the present system of public school instruction, its requirements—hours of study—period and character of recreation, with effects on health, development and longevity.

Another matter of importance related to the condition of the incurably insane. It appears that no provision for this unfortunate class has ever been made by the State, and the manner in which they are usually disposed of in the county poor houses, was represented as deplorable and disgraceful to civilization.

The subject was referred to a special committee, with Dr. Mount, chairman. A vigorous effort will be made by the medical gentlemen of Ohio, to induce the Legislature at its next session, to make suitable provision for these cases.

The venerable Dr. Brown, of Bellefontaine, was elected President for the ensuing year.

Prof. Weber, on retiring from the chair, delivered an eloquent valedictory, which was listened to by a large assembly, composed of the non-professional visitors at the Springs, as well as the members of the Society.

The Society adjourned to meet at the same place, on the third Tuesday of June, 1866.

M. D.

Maine Medical Association.

Editor Med. and Surgical Reporter:

I send you the following brief notes of the late meeting of the Maine Medical Association, not doubting but they will interest the numerous readers of the Reporter in this, as well as other States.

The thirteenth annual meeting of the Maine Medical Association was held in Portland, on Tuesday and Wednesday, June 20th and 21st. Dr. Monroe, of Belfast, delivered the introductory address. The following officers were elected for the ensuing year:

President—Dr. Amos Nourse, Bath.

Vice Presidents—Drs. Charles W. Thomas, Portland; Joseph C. Weston, Bangor.

Recording Secretary—Dr. James M. Bates, Yarmouth.

Standing Committee—Dr. Wm. Swasey, Limrick; S. H. Tewksbury, Portland; J. W. Toward, Augusta; P. S. Haskell, Stockton; A. J. Fuller, Bath.

Dr. Western, Chairman of the Committee on Necrology, presented his report, by which it appears that three members of the Association have died during the present year, viz., Dr. W. R. Richardson, of the U. S. Navy, Dr. T. H. Breslin, of the army, and Dr. Luke Hill, of Biddeford; and all of them have perished from diseases contracted in the service of the Union. Memorial resolutions in regard to these members were passed unanimously.

Tuesday evening was devoted to the discussion of the following topics:

"What has occasioned the radical change of treatment within the last quarter of a century? Has the type of disease changed, or is it owing to hereditary intermarriage, mode of living and influences, including former improper treatment by which the constitution of patients at the present time is broken down, and does not require the heroic treatment formerly indicated and used?"

On Wednesday reports of interesting cases were made and discussed. Dr. A. J. Fuller, of Bath, read a paper on Fractures; and was followed by Dr. Gilman, of Portland, with one on Obstetrics. The subject of Dr. Tewksbury's paper, submitted after Dr. Gilmore had closed, was the Excision of Joints. The Dr. claimed that this operation was first performed in this country. He exhibited joints of the hip, knee, ankle and wrist which he had removed; and all resulted in making useful limbs. He also spoke in general terms of the common diseases of joints and their treatment. The various subjects presented during the session were of great interest to the profession, and were listened to with close attention.

The Association adjourned at noon, after passing a vote to hold the next annual meeting in Portland on the 3d of June, 1866. B. B.

News and Miscellany.

The Yellow Fever Plot.

It appears, by publications in the Halifax (Nova Scotia) *Citizen*, that the public sentiment of that community has been painfully aroused by an imputation that certain of the medical men of the city were in some degree implicated in the yellow fever plot of Dr. BLACKBURN.

The substance of the charge, as published in the *Sun* newspaper, was, that "BLACKBURN freely discussed with several medical gentlemen here the feasibleness of adopting the very plot of which he is accused;" and again, "that it was known to some men in this city, after BLACKBURN's return from Bermuda, that it (the fever plot) was part of his project." Subsequent correspondence brought out the fact that Drs. JENNINGS and SLAYTER were the "medical gentlemen" referred to.

The Nova Scotia Medical Society appointed a committee to investigate the charges made by the *Sun*. From the report of the committee it would appear that there was no foundation for the imputation upon the medical profession of Halifax. Dr. TUPPER, to whom the editor of the *Sun* referred as authority, declared that he never made the statement that any medical man in Halifax, either before or after Dr. BLACKBURN's return from Bermuda, knew anything about his intention to spread yellow fever.

What Dr. TUPPER did say was, as he explains, that BLACKBURN intimated in conversation that the disease could be communicated by infected clothing, and this led to the belief that he had attempted it. The two gentlemen implicated, Drs. JENNINGS and SLAYTER, also make affidavit that they "have never on any occasion heard Dr. BLACKBURN express his intention of propagating disease of any kind in any place, by infected clothes or otherwise; nor ever had any conversation with him on any such subject; nor made any representation to any person that such a plot existed."

Poisoned by a Fly Bite

On the 22d ultimo, CHARLES SCHWEIGER, a boarder at No. 95 East Fourth street, New York, was stung under the right eye by a large fly, which flew from the carcass of a bullock in his slaughter-house in First Avenue. The wound being intensely painful, SCHWEIGER went home, and his face swelling, arnica was applied, but without affording relief. The sufferer lay in torture until Thursday night, and then died, as a jury say, of "poisoning from the bite of a fly." The deceased, who was a native of Germany, was 40 years of age.

Reproduction of Bone.

M. OLLIER, (Paris,) who has been for some time experimenting with the periosteum in forming new bone after the old had been removed, has recently removed the upper half of the humerus from a child, six years old, for disease of the shoulder-joint, carefully detaching the periosteum all round, and dividing none of the muscular attachments. The child now, seven months after the operation, is in good health, and the arm is almost perfectly restored.

A Medical Candidate for Parliament.

The *Brit. Med. Jour.* states that Sir CHARLES LOCOCK has issued his address to the electors of the Isle of Wight for their representative in the House of Commons. "We have the highest personal regard for the abilities and private worth of this distinguished physician, and the presence of such an authoritative exponent of the profession, must prove highly beneficial to the support of its interests there."

Tea in a Nutshell.

Dr. ATTFIELD, Director of the Laboratories of the Pharmaceutical Society of Great Britain, has published a very interesting account of the result of an examination which he has made of the Kola nuts of Western Central Africa. The *London Lancet* says: A few ounces of dry hard fragments of these nuts were placed in his hands by Dr. DANIELL, who stated that in the fresh state they were largely used as an article of food and medicine by the natives of Western Central Africa; that he had once partaken of the fresh nut, the effect being that he was kept awake for many hours; that he therefore inferred that they must contain a principle similar to that which exists in tea, coffee, etc.—namely, theine; and that he had in fact, by a rough chemical process, succeeded in obtaining crystals resembling theine in appearance. As a medicine, the *fresh* nut, Dr. DANIELL said, was esteemed of great value in diarrhœa and affections of the liver; and that, indeed, for all purposes, it was in the fresh state that the nut was generally employed, portions being chewed, the juice swallowed, and the solid part ejected from the mouth. If the nuts were allowed to become dry, they were considered to have depreciated in value, and were then only chewed by the lower classes of the natives. Dr. ATTFIELD has determined the presence of theine in dried Kola nut in the proportion of about 2 per cent. Coffee contains from .5 to 2.0, and tea

from .5 to 3.5 parts in 100. So that the Kola nut really has a considerable food value. The discovery of theine in the food materials of an African race of people is highly interesting. It is well known that coffee, tea, cocoa, matao, Paraguay tea, and guarana, which constitute the beverage of the European, American, and Asiatic peoples, have been selected by an unerring instinct, which has divined in each plant the remarkable alkaloid—theine. Different in botanical characters, varied in genera, not very unlike in flavor, they have been instinctively chosen as containing this valuable active principle. The investigation of the food value of the Kola nut is thus one of particular interest, and which will, we hope, be carried further.

Effect of Sugar in Phthisis.

The *Pacific Medical and Surgical Journal* says that a French savan, M. Champouillon, asserts as the result of experiment as well as inductive reasoning, that the free use of sugar tends to cause pulmonary irritation and a disposition to atrophy. "In tubercular disease," he says, "the cough, hectic fever, and night sweats are increased by the fondness of the patients for sweet substances." The acids of the stomach transform cane sugar into glucose, which weakens the digestive power, and tends to produce a plethoric condition of the system. Honey and liquorice are not so affected in the stomach, and are therefore less objectionable. The experience of sugar plantations is not exactly accordant with these views. Sickly negroes grow fat and strong in the season of sugar-making, when they eat freely of the cane. Invalids with incipient pulmonary disorders have been greatly benefitted by residence in the sugar-house, where they constantly inhale the vapor from the boiling syrup, and doubtless swallow a larger amount of sugar than under other circumstances.

Ventilation in Fever.

Dr. MacCormac, of Belfast, thus writes on this subject to the *Dublin Medical Press*. "If Dr. Kennedy will come to Belfast, I will show him hundreds, if not thousands, of persons, of both sexes too, myself inclusive, who keep their windows open all night through, in all seasons, and with every possible advantage. I kept the windows entirely out during the treatment of cholera, and with the utmost benefit. I never treat a case of fever, at whatever period of the year, without opening the window and keeping it open day and night—a degree of exposure which Dr. Henry Kennedy affirms to be impossible. Persons in fever do not commonly labor under cold and livid feet, with cool breath and pulseless wrists. The hot stage is of a certain duration. There are also hot months in the year, during which the absence of ventilation entails, if possible, yet greater evils than during the cold. I never found the least difficulty in maintaining warmth along with open windows in fever. It is a perfect matter of notoriety, that fever cases by the roadside recovered oftener and better, than in hospitals with the closed windows. Dr. Kennedy says he does not see how wards are to be kept dry. To which I reply, it is simply by not wetting them."

MARRIED.

Spear—Mulvany.—On the 27th ult., by Rev. Eaton W. Maxcy, at Elmwood, the residence of the bride's father, Dr. John Crawford Spear, U. S. N., and Miss Emma Leedom Mulvany, daughter of Daniel H. Mulvany, Esq., of Norristown, Pa.

Merrill—Linsley.—At Washington, D. C., May 23, by Rev. H. A. Raybold, Surgeon Charles G. G. Merrill, Twenty-second United States Colored Troops, and Miss Georgia A., eldest daughter of Charles Linsley, Esq., of New Haven, Conn.

Phillips—McAlpin.—On Thursday, the 22d ult, at the 4th Presbyterian church, Trenton, by the Rev. Dr. E. D. Yeomans, Dr. William W. L. Phillips, and Meta R. McAlpin.

Morrill—Pinkham.—On June 21st, by the Rev. Alexander McKensie, Dr. George H. Morrill, of Brattleboro', Vermont, and Helen L. Pinkham.

DIED.

Eckert.—At his residence, in this city, on the 28th June, Dr. G. N. Eckert, in the 63d year of his age.

Gedney.—On Friday evening, June 16, at her residence, Milton, Ulster county, New York, C. Adelaide, wife of Dr. Wm. H. Gedney, and eldest daughter of J. Handley, in the 28th year of her age.

Leaming.—On Tuesday, June 27, Jane Helen, wife of Dr. James R. Leaming, of New York, and eldest daughter of the late Rev. Lewis Cheeseman, D. D, of Philadelphia.

Ward.—In New York, on Friday, June 30, of cholera infantum, Frederick Charles, son of Dr. J. H. and L. M. Ward, aged 7 months.

ANSWERS TO CORRRESPONDENTS.

Dr. L. D. R., Vt.—We would recommend Flint on Physical Examination of the Chest, as the best monograph on that subject—but Da Costa's Medical Diagnosis, a more recent work, will most likely meet all your requirements, and, on the whole, be a more satisfactory work.

METEOROLOGY.

June	26,	27,	28,	29,	30,	J. 1,	2.
Wind.....	S.	S.	S. W.	S.	S. W.	S.	W.
Weather.....	Cl'dy, Rain.	Clear.	Clear	Clear.	Clear, Showr T. and L.	Clear, T. and Ligh'g	Clear.
Depth Rain.....	6-10				8-10	6-10	
Thermometer.							
Minimum.....	66°	59°	69°	68°	72°	77°	77°
At 8 A. M.....	73	75	75	76	81	80	77
At 12 M.....	75	78	79	85	89	83	81
At 3 P. M.....	76	78	80	86	90	85	80
Mean.....	72 50	72 50	75.75	78 75	83.	81.25	78 75
Barometer.							
At 12 M.....	29.9	30.	30.1	30.1	30.	30.	30.

Germantown, Pa. B. J. Leedom.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.

Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64, Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers*, of No. 414, Feb. 4, 1865.

JULY 29, 1865.

THE

MEDICAL AND SURGICAL REPORTER.

No. 437.] PHILADELPHIA, JULY 15, 1865. [Vol. XIII.—No. 3.

Original Department.

Communications.

PLURAL BIRTHS.

By H. H. Lowrie, M. D.,

Of Washington, D. C.

The following extraordinary case of plural births has recently come under my eye and practice:

On the afternoon of June 16th, 1865, I was called to see a woman (Mrs. Louisa Williams, colored) aged 36 years, and found her in labor.

The friends had been alarmed into an immediate and hasty despatch for me, "as the child was already born," and the patient was greatly swollen. I found the woman in a most alarming and critical condition. I should judge the natural weight of the woman was about 150 pounds, but she was swollen to such a degree that no one, not knowing that her size was the result of enlargement, would have guessed her weight at less than 300 pounds. Upon questioning her nurse, (a colored woman,) I learned that the swelling had been going on for the past *four weeks*. The enlargement did not extend above the situation of the fundus of the uterus; but the whole lower part of the body, and the lower extremities were enlarged to more than twice their natural proportions. The leg had almost lost its shape, and presented the appearance of a huge boneless mass of flesh. You could discover neither the bend of the ankle nor the hollow of the foot underneath, nor the shape of the calf. As for the heel, there was a protuberance, and that was all. So great and general was the enlargement, that a yard-stick, laid upon the limb, would have touched it at every point from the hip to the instep. The woman measured around the abdomen, on a level with the umbilicus, 84 inches; around the knee, 28 inches; around the calf, 27 inches; and around the foot, directly over the junction of the phalanges and meta-tarsal bones, 20 inches. The skin was shiny from tension, and so rigid that it did not dent *at all* upon pressure.

The child that had been born before my arrival, upon examination, I found to be a *girl-child*, of about *six months and a half old*. It was born about 10 minutes before 3 o'clock, and lived 15 minutes. As no after-birth had come, the nurse had sent for me.

I now made an examination, and found, after several unsuccessful attempts to enter the uterus, that the entire cavity of the pelvis was filled with a bag of waters, which I could not reach high enough to rupture. By 8 o'clock, however, the bag had descended enough to be broken with great difficulty, whereupon the waters gushed out with the force of water from a pump, and continued to rush with almost unabated force the whole time of the discharge. I caught *six gallons* of the waters, but much more was discharged, as the bed, coverlids, and floor, were completely saturated. There was no difference in the color and character of the waters from those passed generally in natural labor.

I now gave sat. tr. ergotæ, in teaspoon doses every 15 minutes, and after a couple of doses I perceived that the uterus contracted well, and at 15 minutes before 9 o'clock, a *second girl-child* was born, of about equal size with the former. It lived 10 minutes. Still no placenta came. I continued the ergot in larger doses, and at 10 minutes past 12 o'clock, a *third girl-child* was born equally as large as either of the others. It lived about one minute. The mother now became easier, at least to all appearances, but could get no sleep. A few minutes after one o'clock, the pains came on again, and I repeated the ergot. At 15 minutes past 2 o'clock, a *fourth girl-child* was born, which was somewhat larger than the others, but was still-born. This last child was expelled in its own bag of waters, they not having broken.

Immediately after the expulsion of the fourth child, a placenta passed, which I found to belong to the last child. The cord was inserted in its centre, and the placenta was almost as large as one belonging to a full term fœtus. After the placenta passed, flooding began, and the bleeding was very great. Three cords still remained in the uterus, and none of them would yield upon tension. Having waited as long as was advisable, and not being satisfied whether there were

three placentæ left or one, a consultation was held with Dr. Smoot, at half past two o'clock, on the 17th. which resulted in the opinion that there was but one, and that it had better come away at once. It was detached from the walls of the uterus by Dr. S., with great difficulty. The three cords were all inserted in one placenta. The four children thus had subsisted upon the two placentæ: *one* had a distinct placenta of its own; and *three* had only one between them.

I still gave ergot every two hours to produce contraction of the uterus, as there was so much hemorrhage. The bleeding still continues, to-day being the ninth day since it began, but not so copiously as at first. The mother is doing well, and it is my opinion, as well as that of the consulting physician, that she will recover.

This was the fifth pregnancy of the woman. Her four previous deliveries had been single births, and were all unattended with any unusual circumstances.

The present size of the woman (10 days after delivery) is 58 inches around the abdomen; 18 inches around the knee, calf, and foot respectively, the last being measured at the same point from which measurement was given above.

BIOGRAPHICAL SKETCHES
OF
Distinguished Living New York Surgeons.

By Sam'l W. Francis, M. D.,
Fellow of the New York Academy of Medicine.

No. 13.

Gurdon Buck.

"Mens sana in corpore sano."

Gurdon Buck, M. D., was born in the city of New York, on the fourth day of May, 1807. Passing the most of his youth in this metropolis young Buck pursued the usual course of primary instruction, attending regularly those schools deemed best by his interested parents. Subsequently to this, Gurdon advanced in the knowledge of mathematical requirements; studied faithfully the classical dead languages, and was amply fitted for college. His parents, however, determining it more expedient, under existing circumstances, for him to pursue a mercantile life, he went "down town," and remained many years in the business avocations of commercial engagements. Still the love for improved acquaintance with what has been written by the learned, and the same desire that had once prepared his mind for academic studies, roused the latent feelings for investigation in another path of duty, and accordingly young Buck entered the office of Dr. Thomas Cock, in New York, formally matriculated in the College of Physicians and Surgeons, and regularly attended the medical lectures at that institution, which could readily boast of the best professional material in this country. Following out the prescribed course, Gurdon Buck was graduated from this College, and received his diploma in the year 1830. The subject of his Thesis was, "The Treatment of various forms of Intermittent Fever."

It is interesting to reflect that the College of Physicians and Surgeons was the offspring of Columbia College. In the course of time it was weaned and permitted to regulate its own principles. Recently, however, its Alma Mater has stretched out its fostering arms to receive again the child of her former adoption, and indeed, the harmony of the elements cannot be more pleasing to the contemplation than, to use the words of an eccentric philosopher, "this juxta-position of the primary planets."

Immediately after being the recipient of authority to practice, Dr. Buck applied for, passed his examination, and was formally appointed House Physician in the New York Hospital, having gone through the various preliminary courses of junior walker, etc., on the medical side. Here the Doctor remained, faithfully attending to his important duties, and deriving lasting benefit from the practical experience of bedside treatment and the sage counsel of his superiors, for the period of eighteen months. It is only those who seek to compare the different merits between a physician who has passed through a city hospital and one who depends on private practice for the data of future treatment, that the advantage is appreciated. A young student of modern times, if possessed of the proper animus, will derive more instruction and invaluable knowledge as to diagnosis, prognosis, treatment, and autopsy, in one year spent in a hospital, than an aged doctor, who has attended the sick and dying for the protracted period of an eventful lifetime, if not associated with any public asylum, his chances being limited. This is because of the classification of disease in all its various stages and durability; the facility for comparing one kind of an infirmity as affecting many persons with different diatheses, etc.

Imbued with a healthy ambition to improve on passed efforts, Dr. Buck left this country, about the year 1835, in a sailing vessel, and availed himself of the best European principles of surgical education, as propounded by the sage men of the British Isles and the Continent. During the two

years he was abroad, Dr. Buck passed twelve months in Paris, three months in Berlin, and six months in Vienna, the last year being spent almost exclusively in Germany.

On his return to America, he was appointed Attending Surgeon to the New York Hospital, in March, 1837, and has continued to hold this responsible office ever since. During that time, Dr. Buck has had occasion to originate new and useful methods for the purpose of removing obstacles and alleviating protracted suffering.

Elected a member of the New York Pathological Society, and Fellow of the New York Academy of Medicine, Dr. Buck has expended his best energies in behalf of these societies, by contributing his observations on death and disease to their archives, and also, to those of the American Medical Association.

Dr. Buck was Attending Surgeon to the New York Eye Infirmary for eight or nine years, having been called to fill the place vacated by Kearney Rodgers, of worthy mention, and is now Attending Surgeon to St. Luke's Hospital. As Vice-President of the New York Academy of Medicine, the Doctor has been faithful in the performance of his duties, when called upon to preside.

Among the principal operations that have been suggested by the Doctor, that of scarification for œdema glottidis* is especially worthy of attention. So also may we enumerate his practical theories of extension by weight and pullies for the fracture of the thighs.† Also, the removal of a polypus situated in the larynx, and threatening death at every moment. This was performed by Dr. Buck for the first time in this country, and it was the second time only that it had been done in the history of surgery in both hemispheres. He also exsected the elbow in cases of disease, where a necrosed condition called for such a bold step; and exsected the knee-joint, not however, for disease, but where anchylosis was the cause, for the first time in this country. This last operation was an improvement on Rhea Barton's method, as followed out by those who undertook this bold and, under some circumstances, formidable operation. Dr. Buck regards the method of manipulation in the treatment of recent dislocations, or, in some cases, of subluxations, as superior to the regular method adopted on general principles. His paper on Abscess in the Iliac Fossa‡ met with a favorable reception, and suggested food for reasoning. He does not approve of the indiscriminate removal of the tonsils for sore throat and a general relaxation of the parts.

Dr. Buck has done much for surgery in a practical way. He has not merely confined himself to the everyday operations of a responsible practice, neither has he sought to introduce what might obtain credit without effecting good. Conscientiously following out the sanitary laws of active duty, he has not only accomplished satisfactory ends, but, by the judicious application of some instrument invented by himself, more speedily brought about a radical cure, and added useful statistics to acknowledged merit.

Such for instance as in the case of fracture of the thigh. The method employed by Dr. Buck, and proposed by him in the New York Hospital met with strong advocates, and secured a desired end. Again, in œdema of the glottis, where a few moments of delay would bring about a certain and instantaneous death, Dr. Buck has caused to be made, under his own supervision, a little instrument, simple in its construction and readily employed by the anatomist, for the purpose of at once removing the difficulty and overcoming the threatening obstacle. In cases where necrosis of the jaw, and dangerous burns of the face have deformed the visage and tortured the expression, the doctor has, with the happiest results performed a plastic operation; brought together separated portions, and rendered what was once unseemly to behold, agreeable to view.*

In the regions of the lower extremities, as regards the separation of bone and the best method of healing sluggish wounds, Dr. Buck has not been unmindful of the calls of nature and the requirements of health. For him it was not sufficient to treat locally the lacerated trunk, or fractured limb; but the constitutional condition of the patient, based on philosophical principles, did much in his estimation toward the creation of new fibre and the separation of fresh tissue. For many years of busy toil has Dr. Buck engaged in the tedious and exciting rounds of poor practice at the New York Hospital. On going through the crowded wards, with students from the various Medical Colleges of the metropolis, he has sought to instruct without distracting, and confining himself with almost mathematical precision to the case before him, would speak of the disease, affection, tumor, accident or death, with simple diction and clear sighted views. It is impossible to misunderstand him, so plain is the doctor's manner of expression, and so free from ambiguous sentences; owing to his strict carrying out of the principle of saying only what is

* Published at length in Transactions of New York Academy of Medicine.

† Ditto. ‡ Ditto.

* See Bulletin of New York Academy of Medicine, 1865.

necessary. His voice is deep and not wanting in richness; his manner that of quiet unobstrusiveness, yet dignified simplicity, and when he operates there is a boldness, the sure indication of anatomical knowledge, and a thoroughness of detail that insures a rapid recovery if recuperation lends assistance. The doctor treats surgery as an exact science in many of its ramifications. Success and respect follow in his wake.

After the war broke out, Dr. Buck went down to the battle-field in company with other surgeons from this city, and rendered great assistance on two different occasions. The first time he volunteered his services, was after the battle of Antietam; the second during those bloody days of "Wilderness" memory. During his stay much was seen that was painful, and borne that was exceedingly uncomfortable.

As a writer Dr. Buck is conscientious and reliable, concise and statistical. He masters his subject, before recording it on paper, and when the case is unfolded to view, it is readily comprehended and easily remembered. One is not merely told how he performed a certain operation, and why it was done in a particular way, together with the subsequent and minor results; but a compendious statement of the patient's past history is not unfrequently appended, the better to enable a full and lucid comprehension of the nature and progress of the disease.

Besides various recorded speeches on surgical subjects during the convention of medical associations, and the occasional contributions to the periodical literature of his noble profession, Dr. Buck has published several elaborate papers on important affections and their especial treatment, which are deserving of the careful perusal of all who are interested in similar pursuits. A pamphlet on the "Surgical Treatment of Morbid Growths within the Larynx, illustrated by an original case and statistical observations, elucidating their nature and forms,"* not only covers the ground, but embraces much of what has been suggested by other practitioners in the way of report, together with a tabular account of the age, cause, voice, respiration, cough, sensations in the larynx, deglutition, duration of the disease, mode of termination, form and nature of tumor, seat of attachment, other lesions of larynx, general remarks, where reported, and when, and by whom—being a complete summary of forty-two cases of morbid growths within the larynx. This brochure is in reality a condensed book of invaluable importance for future reference and mature reflection. In addition to the general handling of the subject, Dr. Buck has given a full and accurate account of a case that came under his own observation, and makes over to it the result of his wide experience in a succinct manner.

Another compendious work forms an admirable subject for an endorsement of the plastic art in surgery. The pamphlet contains six engravings of various operations on a patient for the purpose of partial reconstruction of the face.* The man had been in the army for some time, and was a victim to overdoses of mercury, which resulted in destruction of a great portion of the maxilla, loss of right eye, and lesion of the ala of the nose and parts of the lips, mouth, and cheek. Dr. Buck, after the most praiseworthy patience, and a series of delicate and, in fact, mathematical operations, by introducing an artificial roof for the mouth, a well-adapted nose-piece, and a cap for the purpose of covering the lower molar teeth of the right side, and also by cutting, reducing as it were, and bringing in apposition proper portions of the face, rendered what was hideous less repulsive, and created a practicable jaw out of a chaos of ruins.

* Presented to the American Medical Association, at its session of May, 1863, and subsequently printed.

LIQUOR AMMONIÆ ACETATIS.

By Thomas Byrnes, M. D.

There is scarcely any preparation of the pharmacopœia that will be found to vary so much as the liquor ammoniæ acetatis.

This variation arises from its mode of preparation, it nearly always being too alkaline or too acid; physicians observe this, and sometimes complain of it. I once saw a prescription for this remedy, to which was appended the following caution, "be sure and get this mixture neutral, as its being alkaline would seriously injure the patient." I knew another physician who always required this medicine to be brought to him before he would allow the patient to use it.

Liquor ammoniæ acetatis is directed to be made by adding carbonate of ammonia to diluted acetic acid until it is saturated.

But here arises the difficulty, for each druggist has his own favorite method of determining this point; some tell best by the taste, others by its ceasing to effervesce on the addition of carbonate of ammonia. I know of one druggist who always determines the point of saturation, by listening to the vessel in which it is being prepared.

Others again, who are more scientific rely upon test paper, but all of these means generally fail

* Reprinted by permission from the Transactions of the New York Medical Society, Albany, 1864.

to give a neutral solution of the acetate of ammonia.

Taste may indicate if the solution contains too much of the acid or alkali, but it cannot determine its point of saturation.

Adding ammonia until effervescence ceases is very fallacious, as quite a large quantity of free alkali may be taken up before effervescence ceases, especially if the carbonate has been rapidly added.

Test paper it is very certain cannot be relied upon, and unfortunately we cannot weigh out the quantities so as to exactly neutralize each other, owing to the variable strength of acetic acid, and carbonate of ammonia, much of the latter article often being a bicarbonate as found in the shops, especially if it has been long kept.

It is well known that the acetates, though neutral in composition, are alkaline to test paper, hence test paper cannot be used to determine the point of saturation. There is also another objection to using test paper; so much of the carbonic acid may be absorbed by the solution, as to give an acid reaction even when the solution is alkaline, as may be proved by setting the mixture aside for a few hours. If test paper is now applied, an alkaline reaction is at once manifested, and the solution has a distinctly ammoniacal odor and taste.

To remedy this source of fallacy, it has been recommended to heat the solution, but here there is danger of error also, for if the heat be too long applied it drives off the ammonia, and a binacetate is the result.

These are difficulties which every one will experience, who observes carefully while making this preparation.

As often kept in the shops it is not liquor ammoniæ acetatis, but a mixture of it, and carbonate of ammonia.

There are two ways in which this remedy may be prepared so as to obviate the difficulties above mentioned; both methods I have tried, and they each yield perfectly satisfactory results.

One method is to neutralize the acetic acid with carbonate of ammonia before diluting it with the water, the other is to neutralize diluted acetic acid with aqua ammoniæ.

By adding carbonate of ammonia to undiluted acetic acid (No. 8,) the point of saturation is easily determined. This plan gives a concentrated solution of the acetate, which dissolves the carbonate but very slightly after it is once saturated, and no carbonic acid is held in solution. When making it from undiluted acetic acid the carbonate may be added until effervescence ceases, and then dilute it with pure water free from lime.

It may be prepared from aqua ammoniæ by diluting the acid to half its usual strength, as allowance must be made for the water of the aqua ammoniæ. After the acid is thus diluted, carefully add the water of ammonia until the solution is neutral to test paper, and dilute to its proper strength.

A few drops of acetic acid may be added with advantage, if the solution is to be kept, though it is always better to prepare it as it is dispensed. If kept, free carbonate of ammonia is soon generated, and the mixture becomes alkaline.

When prepared by either of the above methods, spirits of mindererus is a colorless liquid, of a sweetish saline taste, very agreeable to patients suffering from fever; the solution should not yield a precipitate with nitrate of silver, chloride of barium or acetate of lead, nor be darkened by sulphuretted hydrogen.

Hospital Reports.

PHILADELPHIA HOSPITAL,
February, 1865.

MEDICAL CLINIC BY DR. J. M. DA COSTA.

Reported by William H. Ford, M. D., Resident Physician.

Cirrhosis attended with Ascites.

M. G., æt. 39, native of Ireland, intemperate. Admitted October, 1864. Her general health has always been good, until within the last year. When admitted to the hospital, she had œdema of the inferior extremities, swelling of the abdomen, and dyspnœa, of which she especially complained whenever exerting herself. She states that last September, she had pain in her back and sides. Shortly afterward, she noticed a swelling of her abdomen, which rapidly increased; and later, that her feet and legs began to swell. Her urine was then very abundant. It is now about normal in quantity, is highly colored, acid, has a specific gravity of 1023, and contains an abundant deposit of urates, but no albumen or tube casts.

In examining the abdomen, we find it enormously distended, and dull on percussion, except in the centre, where it is tympanitic, on account of the distended intestines which float on the contained fluid. By tapping one side of the abdomen, a sense of fluctuation is imparted to the hand on the other, by a wave of fluid. The feet are now but slightly swollen; the hands not at all.

Cause. In endeavoring to find the cause of the ascites, we will examine the kidneys, heart, and liver, separately, as it is generally attributable to disease of one of these organs. By an examination of the urine, we find no cause of disease in the kidney. Though the circulation of the blood is rapid, (as it must of necessity be when the breathing is impeded by the diaphragm,) there is no disease of the heart. The chances are that the liver is affected; and what favors this view is the fact that the dropsy is purely local. We had better say that there exists some abdominal trouble, in which the liver is probably most at fault, as there might be disease of the peritoneum, or of the ovaries, or there might be a tumor.

In this case the dropsy is not ovarian, because the swelling is uniform, is not round, and does not project in the centre of the abdomen. It is not peritoneal disease, as with such disease there would be pain on pressure, and abdominal uneasiness. There is no reason to suspect the presence of a tumor, as the history of the case does not favor the idea. By a process of exclusion we have determined upon the liver as the organ at fault. What then is the character of the hepatic trouble? There is probably hardening of the liver, or cirrhosis. In this disease the liver becomes hard, dense, and reduced in bulk, so as not to perform its functions well. Besides the dropsy, the most significant signs of this disease are, diminution of percussion, dullness in the hepatic region, and the detection, by the touch, of firm irregular granulations on the margin and under surface of the liver. In this case, there is a want of the proper percussion, dullness in the hepatic region, but the distension of the abdomen by fluid renders it impossible to discern, by touch, the condition of the surface of the liver. Although there is no jaundice now, the patient states that she had jaundice several years ago.

Treatment. This patient may take ten grains of the bromide of potassium, and half a fluid ounce of the compound spirits of juniper, three times a day. The bromide of potassium is preferred to the iodide, because it is more pleasant to take, can be administered in larger doses, and continued longer. If there be an objection to the alcohol in the spirit of juniper, a strong infusion may be substituted. Nourishing diet will be employed. If we fail to expel the fluid by the natural channels, paracentesis will be resorted to at the proper time.

April 1st, 1865. No noticeable change in the patient's condition, except that the abdominal swelling has slightly decreased.

Abdominal Hysteria.

M. F., æt. 31, a widow. Has had four children; the last about four years ago. According to her statement, her abdomen began to enlarge about one year ago, and the swelling has existed ever since. She says she always has pain in her abdomen, which becomes augmented by pressure, and that she is unable to lie upon her left side, or to sit up without great pain. For the relief of this affection she came to the hospital last November. Her bowels have been constipated, but her urine is perfectly normal in quantity and character. The physician who formerly attended her, states, that upon one occasion he found part of a needle under her right thumb nail, and that, two days afterward, the other part was found imbedded in the tissues of the instep. At one time she declared that she was unable to pass her water; after it was drawn off several times by the catheter, the physician refused to assist her any more, and the patient passed her urine without complaint after that time.

In examining the abdomen a swelling of irregular outline is perceived in the centre of it, and extending some distance on each side of the median line. It feels hard and resisting to the touch, and is tympanitic on percussion. There is no evidence of fluctuation. The patient shrinks when touched gently, but the pain is not increased when strong pressure is made. Coughing, deep inspiration, and extending the thighs, do not aggravate the abdominal tenderness.

Finding this peculiar swelling connected with this peculiar history, and the downcast and peculiar expression of countenance of the patient, it occurred that ether might be a valuable aid in forming a correct diagnosis. It was administered so as to produce thorough relaxation, and, upon examination, the tumor had disapppeared, the abdominal walls became completely relaxed, so that the hand could be pressed against the vertebral column, and into the pelvis. There was no apparent enlargement of any of the abdominal organs, and not the slightest appearances remained. Here was a novel and exceedingly useful application of ether for the purpose of medical diagnosis. Here is a phantom tumor in an hysterical patient, which might deceive any one. The same amount of pain was complained of, no matter how much the pressure was increased. If this were a case of peritonitis, firm pressure would so intensify the agony of the patient as to cause her to spring from your reach. If the pain be hysterical, (as in this case,) increased pressure does not intensify the pain; it is otherwise in inflammation. The swelling might be artificially

produced, or it might be a collection of wind with rigid abdominal muscles. It is most likely contraction of the abdominal muscles, with tympanitic distension—abdominal hysteria.

Treatment. This is moral. Make the patient do certain prescribed things; keep her out of bed; give her no purges; use no catheter, and no medicines whatever.

March 10th, 1865. The above suggestions were carried out, and the patient has ceased to complain of her abdominal trouble, and has been discharged from the ward, and is now daily performing hard labor.

Medical Societies.

MEDICAL SOCIETY OF THE STATE OF VERMONT.

Reported by L. C. Butler, M. D., Essex.

The semi-annual meeting of the Vermont Medical Society was held on the 28th ult. at Stowe, a thriving, busy, little village, cozily nestled in a beautiful valley between the forks of the Green Mountains. At the appointed hour a small representation of the medical profession of the State met in one of the spacious apartments of the Mount Mansfield Hotel, and the Society was called to order by the President, Dr. O. F. Fassett,, of East Berkshire, and opened with prayer by Rev. J. S. Ford, of Stowe, in accordance with the resolution passed at the annual session. The minutes of the annual meeting were read by Dr. J. S. Richmond, Secretary. The President, in a brief opening address, made appropriate and timely suggestions in regard to a suitable tribute of respect to the medical staff of Vermont, who have so nobly done their duty in the army during the rebellion; in relation to the members of the Society who have died during the year; and also in regard to the inefficiency of the present registration law of the State. The first and last suggestions were referred to a committee, consisting of Drs. Butler, Rublee and Sutton, to report at the annual session in October next.

Drs. Edwin Porter, of Northfield, Noah Titemon, of Lowell, A. J. Hyde, of Hardwick, R. Sherwood, of Hydepark, O. L. Watson, of Middlesex, and T. J. Holbrook, of Wolcott, were severally proposed for membership, and upon reference to the committee on admission of members, who reported favorably, were duly elected.

Dr. J. B. Gibson, of Dunham, C. E., was invited to a seat as an honorary member of the Society, and participation in its deliberations.

Veratrum Viride.

During the afternoon session Dr. Butler, of Essex, presented a paper on *The Physiological Properties and Therapeutical Action of Veratrum Viride*, commenting on its peculiar properties as an arterial and nervous sedative, and on its wide range of therapeutical application, and great value in the treatment of disease. The paper gave rise to an animated discussion, and was referred to the committee of Publication.

Dr. Stevens, of St. Albans, coincided entirely with the views presented in the paper. He had used veratrum in many of the diseases named with the happiest effects. There was an affection not named, however, in which he had used it with the most gratifying results, viz., *mammary abscess.* His attention was first called to it some years since when travelling in the west, by a friend of his, a physician, who invited him to visit a patient whom he was treating for this affection with veratrum. His friend informed him that in every case where the drug was given before the hardening of the tissues commenced, the inflammatory action was promptly arrested. Since that time Dr. Stevens had used it in many cases, but with greatest benefit in those which were the result of febrile action, locating in the breast as a *finale*, and where no induration had taken place. In these cases his experience in the administration of veratrum had been most happy. It will arrest an inflammatory abscess at once. In pneumonia his experience coincided with the views expressed by Dr. Bennett, of England, who opposes bloodletting and all depressants. The disease is more easily controlled by veratrum, and, if seen early, it will obviate the necessity of using the lancet.

Dr. Chandler contrasted the practice of 40 years ago in pneumonia with that of the present day. His recollections of the lancet, antimony and blisters, always used in that disease, were vivid. Deaths were more frequent. He preferred the modern treatment with veratrum, as much safer and more successful. He had used veratrum in croup, and always with good effect.

Dr. Clark had great confidence in it in pneumonia, and in rheumatism; had used it in scarlatina, but thought it too depressing for many cases; thought much of it as an external application in acute abscess, whitlow, etc.

Dr. Jones could not express so strongly his appreciation of, or confidence in its effects. He had seen spasm of diphragm, hiccough, and irritation of the stomach produced by it. It had never taken the place of the lancet in his practice, and he thought we were liable to err in laying the

lancet aside. If he could have the early hygienic management of pneumonia, he seldom bled; but he could not give veratrum to his patients, and go away from them feeling safe. He feared we were carrying the use of this article to extremes.

Dr. Chandler suggested that one reason why veratrum failed in the hands of some practitioners was, that the preparation used was impure or inert. He had found that the quality of specimens varied materially.

Dr. Hathway had used veratrum in articular inflammation and pleurisy, and had never been disappointed in its effects.

Dr. Crampton presented a paper on the death of Dr. N. W. Fairchild, of Milton, (late a member of this Society,) which took place April 9th, 1865, while in the faithful discharge of his professional duties. Dr. H. F. Stevens, of St. Albans, was requested to prepare and present a biographical sketch of the deceased, at the annual meeting in October next.

Diphtheria.

Dr. Stevens, of St. Albans, presented an elaborate paper, embodying interesting statistical information in regard to the wide spread prevalence and mortality of diphtheria, and its pressure upon different portions of the State. These statistics he gathered from the Vermont registration reports. In 1858 the disease was first classed among the zymotics, and denominated diphtheria. Fourteen deaths were reported. In 1859, seventy-nine; the greatest number being in Orange county, midway of the eastern margin of the State. In 1860, 212; Washington, Windsor, Rutland and Orange, suffering most, forming a belt across the middle portion. In 1861, 441; Rutland, Windsor, Orange and Addison, giving the greatest mortality. In 1862, 818 were reported; the belt extending north into Caledonia, Washington, Chittenden and Lamoille, showing a steady increase in the mortality from this terrible disease, culminating probably in 1863, which will doubtless exhibit a still greater mortality than any preceding year. The paper was referred to the committee on Publication. The presentation of this paper elicited an interesting discussion upon the general subject of diphtheria, in which the members generally participated.

Dr. Hyde had seen two or three hundred cases, 15 to 20 per cent. of which had proved fatal. He had pursued one plan of treatment at one time, and laid it aside for another, with about the same disheartening success. He adopted Greenhow's pathology, that it is a constitutional disease with a local exudation, which breaking down and being absorbed into the system, produces a poisonous condition of the blood. Local treatment may prevent this absorption, and cannot be dispensed with. It is not a throat disease exclusively. He had seen cases where the peculiar exudation was upon the foot, on the mucous membrane of the stomach, on the fingers and the toes, followed by the sequelæ of the disease. Uses local applications, and in conjunction with them a tonic course, in mild form. In malignant cases, where the exudation resembles gangrene, he had used bromine as a local application, in connection with quinia and the vapor-bath, and has saved a larger proportion of his patients than formerly. Quinia should be used in heroic doses. Two grains every four hours will kill the patient, while 10 to 15 grains will kill the disease, and save life.

Dr. Litemore had seen some forty cases in his locality, and had been quite successful in its treatment, save in one school district where he had eleven cases, nine of which proved fatal. These cases were furiously delirious, almost maniacal; these symptoms soon being followed by prostration and death. His treatment was rhubarb and soda, to obviate the constipation which many of the cases exhibited; quinia, carb. ammon., potash and iron, with pork and onions for an external application. He did not think the disease any more contagious than typhoid fever.

Dr. Richmond referred to the division into *true* and *false* diphtheria, proposed by the *London Lancet*. He had found the peculiar membranous exudation in both forms, but thought it not so thick and tenacious in the false as in the true. The latter he readily recognised by the smell, it being much like that of rotten apples in a close room. The one form was constitutional, the other local. He used a saturated solution of muriate of ammonia, and *French* chlorate of potash, with a view to prevent the decomposition of the membrane, with fair success.

Dr. Sutton had remarked a difference in the color of the membrane, extent of the exudation, and in the constitutional symptoms in the two varieties; the false being in spots or white points, the true of an ash color, thickening into a tenacious membrane; and he had seen both going on together when the disease prevailed as an epidemic. In the former he had never found the the peculiar smell alluded to.

Dr. Crandall related a case in which the membranous exudation of diphtheria was found in the vagina, and on both labia, after parturition.

Dr. Powers had noticed a disease among horses, which farmers called diphtheria. In one instance a young man, in removing the exudation

from a horse's mouth and throat, scratched the skin upon his hands, and had what he called diphtheria as a result.

Enlargement of Mammæ.

Dr. Chandler presented two photographs of an enlargement of the mammæ, which he had seen in consultation with Dr. Branch. The patient is 32 years of age; healthy; weight about 90 pounds. One of the breasts measures three feet two inches in circumference at the base, the other an inch or two less; estimated capacity of both twenty-four quarts; weight forty-eight pounds. They are not painful; secretion not abnormal in quantity during lactation; no tenderness; not indurated, or nodulated to the touch; has had eight or ten children; a year or two since had slight enlargement, which she attributed to suppression of menstruation. When that function was restored, the breasts became of normal size. Six or eight weeks since began to enlarge again; menses suppressed. She applied to Dr. Branch for "driving medicines," as she termed them. How shall this r pid, morbid growth be accounted for? Is it vicarious menstruation modified by the nutritive process? "We pause for a reply."

Cancer.

The evening session was mainly spent in discussion upon the subject of *Cancer*, with especial reference to the duty of the profession to prevent as far as possible, the cases of cancer and cancroid growths, coming under their observation, from passing into the hands of the so-called "cancer doctors." Whilst the incurability of *true* cancer was admitted by all the speakers, it was suggested that more attention should be paid to diagnosis, as no doubt many tumors were pronounced cancers that were really not such, and the reputation of the "cancer doctors" was made by the cure of these. It was suggested that the dread of extirpation by the knife operated to induce many to apply to quacks, inasmuch as they seldom, if ever, use the knife, but substitute "caustics" and "drawing salves." The regular practitioner ought to know as much about cancers as the "cancer doctor," and as much about the application of remedies to check their progress or to "draw them out," as the quack. It was therefore suggested to be the duty of the profession to treat cancers and cancroid growths with such remedies, whether the knife, caustics, "salves," or placebos, as each case required, with a view to keep patients from jeopardising their lives and fortunes by trusting to quacks.

Many of the members being desirous of occupying the second day with an excursion to the summit of Mansfield Mountain, the Society adjourned for that purpose.

Editorial Department.

Periscope.

Painful Menstruation.

In a preceding number (428) we gave a resumé of a lecture on this subject from the *Lancet*, by Dr. Marion Sims. We now continue the same upon the method of incising the os and cervix uteri. He places his patient on the side, introduces the index of one hand into the vagina, pushes the fundus uteri up, if it be anteverted, passes his uterotome into the cervix to the os internum, springs the blade, and withdraws the instrument, cutting open one side of the cervix; then reintroducing the instrument, the other side is cut in like manner, thus making a bilateral incision of the cervix large enough to allow the index finger to be passed to the os internum; and, as before stated, he then passes into the vagina a large camel's-hair pencil, saturated with a solution of the perchloride of iron.

He does not approve of the double bladed instrument of Greenhalgh, because the operator is too apt to rely upon the execution of the machine rather than his own skill.

Sims' operation differs from Simpson's, not in its aim and scope, but merely in its mechanical execution. He and his followers operate in the dark, while the former brings everything into plain view. They cut from within outward; he in the contrary direction, from the os externum upward to the cavity of the womb. They, as a rule, do not tampon the vagina after the operation; he always does, for the double purpose of guarding against hæmorrhage and ensuring an open os.

The patient is placed on the left side, the speculum introduced, a tenaculum is hooked into central portion of the anterior lip of the os tincæ, the uterus gently pulled forward, then curved scissors is passed into the canal of the cervix till the outer one comes almost in contact with the insertion of the vagina on the side of the cervix, and the portion thus embraced is divided at one blow of the scissors. Then the opposite side is in like manner divided, and the operation is almost finished. Sponge away the blood, and pass a narrow-bladed, blunt-pointed knife (at a proper angle with its handle) and divide the small amount of tissue on each side leading from the scissor-cuts up to the very cavity of the womb.

The operation is quickly done, and the judgment of the surgeon determines whether the peculiarities of the case demand more or less cutting. The hæmorrhage is usually unimportant, but sometimes it is furious and often it comes with such a rush that the vagina would be filled before a set of sponges could be washed out. But there is nothing to be feared. Press one or two sponge probangs right into the neck of the uterus,

but at the same time be sure to keep the organ firmly fixed by the tenaculum; for if the bleeding is profuse it is a very awkward and unlucky thing to let it slip out, particularly if the vagina be lax and deep. Five or six minutes will usually suffice to control the bleeding by the pressure of the probangs. When that is done, and not till then, the dressing may be proceeded with. Two or three small pieces of cotton, large enough when moistened to fill up the gaping os, are to be thoroughly saturated with water, then squeezed as dry as possible, and afterward wetted in a mixture of one part of Deleau's neutral solution of the perchloride of iron with four or five parts of water, or in Dr. Squibb's liq. ferri persulphatis similarly diluted.

If there is no bleeding, some cotton a little moistened in simple water may be laid over the neck of the womb, to be covered with dry cotton to the extent of supporting the whole dressing neatly and comfortably in its place. The patient is put to bed, having been perhaps eight or nine minutes on the table. She eats and drinks as usual, but the recumbent posture is enjoined for a few days. She may pass water lying, or it may be drawn off. The only object of the recumbent posture is to insure the retention of the dressing *in situ*. He formerly allowed patients to sit up and walk about the room the day after the operation, but he was so often annoyed by the supervention of hæmorrhage, that he at length adopted the plan of keeping them down till the spontaneous separation of the intra-cervical dressing.

On the day after the operation the whole of the vaginal portion of the tampon is to be carefully removed, placing the patient in the position as for the operation, and using the speculum, which must be introduced so as not to derange the relations of the dressing. When it is all removed down to the intra-cervical portion, a wad of cotton saturated with Price's glycerine, and large enough to cover completely the cervix and its first dressing, is laid over it and the patient again lifted into bed. This induces a profuse watery discharge from the vagina, which keeps the part cleanly drained of all secretions or exudations from the decomposition of the blood contained in the original dressing. This glycerined cotton is to be removed and renewed daily till the suppurative process throws off the dressing from the neck of the womb. This will not be under three or four days. The glycerine keeps everything sweet and clean, and its affinity for water, which by osmosis it extracts from the tissues with which it lies in contact, keeps the parts entirely clear of any secretion that might be re-absorbed and poison the blood if not thus drained off by the chemico-capillary action of the dressing. No one can thus apply glycerine to the neck of the womb and not be struck with its peculiar power and properties.

Do not provoke hæmorrhage by impatiently removing the dressing. The parts usually heal in from twelve to seventeen days, or perhaps at the recurrence of the next menstrual period. And this reminds me that the operation should always be performed within from three to five days after a menstrual epoch, so that we may have time enough for the healing process to be wholly accomplished before the recurrence of the next.

Dr. Sims finds great trouble in keeping the os uteri open enough. It never remains as we cut it. In a month it will be reduced to one-fourth of the size after cutting, in spite of persevering efforts to prevent it. If it does contract too much, operate again. After the first week, or some writers say after three days, we should pass up a bougie. In conclusion, Dr. Sims says, that this operation often cures dysmenorrhœa. Sometimes it only modifies it. And again, he has seen cases where it produced no beneficial effect whatever. The first menstrual flow after it, is usually ushered in without the premonitions that had so long harassed the poor sufferer, and she may pass through the whole period with comparative comfort; but he thinks it advisable for such patients to take very good care of themselves at each return of the flow, and to avoid all unnecessary exposure or fatigue. If there is pain enough to lie down, he directs an anodyne by the rectum, and for this purpose McMunn's elixir of opium is the very best. It is less apt to nauseate or to produce headache than crude opium or any of its alkaloids. It is more efficacious by the rectum than by the mouth, because it is more immediately in conjunction with the nerves of the affected part.

Morphia taken into the stomach is a very poor remedy for sciatica, but we all know that it exerts not only a temporary soothing effect, but a wonderful and rapidly curative action when endermically injected along the course of the affected nerve. It is upon this principle of applying the remedy as near as possible to the seat of suffering, that the anodyne for dysmenorrhœa is far more efficacious by the rectum than by the mouth.

Identification of the Dead.

The *Alta California* of March 16th, reports that Dr. L. J. Henry, by the consent of the coroner of Alta, brought into use the process of Dr. Richardson of London for restoring the features of a dead man who had undergone such change from decomposition that he could not be identified. The man had been murdered and buried in a very shallow grave; the body was discovered from some animals having partly removed the earth. On the body being brought to the dead-house it was quite unrecognisable. Dr. Henry placed it in a water-tight shell, and then covered it (the body) with water containing twenty pounds of common salt and one pound of hydrochloric acid. After immersion for three hours, the body was removed; the face was washed first with simple water, then with chlorine water, and finally a free current of chlorine gas was passed over the face. After the operation, by which the face was bleached, the friends of the dead man were able positively to recognise him as one Charles T. Hill, and on this identification a man was arrested in whose possession various articles belonging to Hill were found, and who is believed to be the murderer. The restoring process seems in this case to have been entirely satisfactory, and to have served a purpose which a few years ago it would have been considered impossible to carry out.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 15, 1865.

FORMATION OF MEDICAL SOCIETIES.

Frequent applications are made to us for forms of Constitution and By-Laws for medical societies, and the Code of Ethics of the American Medical Association. We regret that it is not in our power to furnish them. Secretaries of medical societies having spare copies of their constitutions and by-laws would enable us to accommodate applicants, and thus aid in the formation of medical societies, if they would forward us a few copies.

It is very desirable that the constitutions and by-laws of medical societies be as nearly uniform as possible, and to this end the American Medical Association some years ago appointed a committee to draw up forms of Constitutions for State and County medical societies. The committee was composed of Drs. A. B. Palmer, and N. B. Ives, and their report was presented at the Ninth meeting of the Association, and will be found in the ninth volume of its Transactions, p. 397.

It would have been well to have had a form of by-laws included in the report, and the whole should have been published in pamphlet form, with the Code of Ethics, for distribution to those wanting them. In this way the formation of medical societies would be encouraged, and there would be a uniformity about them that would conform them more in spirit to the national medical organization.

We insert here the form of constitution recommended by the committee mentioned above. It may serve as a basis for the formation of societies where no organization exists.

PLAN OF CONSTITUTION FOR COUNTY SOCIETIES.

Art. I. This Society shall be called the ——— County Medical Society, and shall be auxiliary to the Medical Society of the State of ———.

Art. II. Should state the object of the Society.

Art. III. *Members.*—Of whom composed. Regular practitioners, etc. How elected.

Art. IV. It shall be regarded as the imperative duty of each member of the Society to keep a record of all cases occurring in his practice, depending upon endemic or general causes (such diseases as the different forms of fever, of inflammations, diarrhœa, cholera, tuberculosis, etc., etc.), together with the types they assume, the age, habits, and other hygienic conditions of the patient, and also the general course of treatment pursued, and the termination of the cases; and to report at least annually the absolute number of each disease, or the percentage as compared with the whole number of cases recorded, each month being reported separately, to the committee appointed to receive such reports, as provided for in Art. X. These reports are to be read at some meeting of the Society, either by the individual reporting them, or by the committee receiving them, as the society may direct.

It shall be considered as a dereliction of duty, punishable as the by-laws may direct, for any member of this Society to admit into his office as a student of medicine, any person who shall not first present a certificate of qualifications as provided for in Art. VI. of this constitution.

Art. V. The officers of this Society shall consist of a President, Vice-President, Secretary, Treasurer, and three Censors.

Art. VI. Duties of President, Vice-President, Secretary, and Treasurer, as usual.

It shall be the duty of the Censors to examine all persons applying for admission to the offices of any member of this Society as students of medicine, and if found worthy, to give them certificates of possessing a good moral and intellectual character; a good English education, including a thorough knowledge of the English language, and a respectable acquaintance with its literature and with the art of composition; a fair knowledge of the natural sciences, and at least the more elementary mathematics, including the chief fundamental elements of algebra and geometry, and such a knowledge of the ancient languages as will enable him to read current prescriptions and appreciate the technical language of the natural sciences and of medicine.

Art. VII. *Meetings.*—When held. How called, etc.

Art. VIII. *Funds.*—How raised and expended, etc.

Art. IX. This Society shall adopt the Code of Medical Ethics of the American Medical Association.

Art. X. There shall be a standing Committee of this Society, of such numbers and chosen in such manner as the Society by its by-laws may direct, whose duty it shall be to receive records of cases occurring in practice from the members of the Society, as provided for in Art. IV. of this constitution, to arrange them in a condensed form, showing for each month of the year the percentage of each form of disease reported, adding accounts of the localities where they occurred, the general habits, and other hygienic conditions of the people, the general meteorological characters of each month, and statements of the type or severity or other peculiarities which each particular disease may have assumed, the general course of treatment pursued, and the general results of treatment or the termination of cases: and to transmit such accounts annually to the committee for receiving them of the State Society to which this Society is auxiliary.

Art. XI. Provisions for altering or amending this Constitution.

David Nutting, M. D., formerly of Randolph, Vt., and for ten years past a missionary of the American Board in Turkey, is expected home some time this summer. His labors have been very arduous.

CURING MEAT.

Baron Liebig, whose scientific investigations in regard to articles of food have been of so much use to mankind, having called attention to the serious loss of the nutriment of meats cured in the ordinary way, by being put down in brine or packed in salt, Dr. Morgan, Professor of Anatomy in the Royal College of Surgeons, in Ireland, invented the following method of curing meat, by which all the nutritive qualities of the meat are saved.

The circulatory system of the body extends to every part of the frame, in the minutest ramifications; and Dr. Morgan seizes this means to introduce the brine into the tissue. The animal is first killed by a blow on the head with a blunt instrument, to avoid injuring any important circulatory vessel. The chest is then opened, and an incision made in the right and left ventricles of the heart. The blood rushes forth, and when the stream slackens a tube is inserted in the left ventricle, and a stream of brine, or "pickle" pours through every avenue of the body, driving the blood before it, and coming out at length in a crystal-clear stream from the right ventricle. When it is evident that not a drop of blood remains, a ligature is put around the opening in the right ventricle, and the issue of brine is stopped. It still continues to enter the body, and being taken from a raised tank, the head of seven or more pounds per square inch, suffices to force the liquid into the flesh, thoroughly permeating it with the preservative brine. The carcass of the animal, which became flabby when the blood was ejected, now stiffens, and the flesh is firm to the touch. Such is the "infiltration" of meat.

The process is a very speedy one, averaging from five to thirty minutes, according to the size of the animal, whether sheep, swine, or bullocks. The time also depends somewhat upon the future destination of the meat, whether to be packed in brine or in sawdust, or hung up to dry. In use this meat can be taken from the cask and steeped in water, or not, according to taste, and then boiled, roasted, baked, and in short prepared in every way known to the *cuisine*. Beefsteaks and mutton chops are no longer impossibilities on extended voyages, but may be enjoyed in all their original juiciness and flavor. The process has been exhibited before the British Admiralty and before a commission appointed by the French government. The operations performed in our presence were not *experiments*.

The process has been in full trial in New York for about six months, and some thousands of animals have been cured and sold. The process was introduced into this country by Courtenay Atwood, M. D., a pupil of Dr. Morgan. His office is at No. 9 Broad street, New York; and the process is in practical operation at Mr. Cushman's, 371 and 373 West Twenty-fourth street. In Australia and South America the cure of meats by this method is carried on, on a very extensive scale.

Notes and Comments.

The U. S. Dispensatory.

The new edition of this work has been issued, though we have not yet received a copy from the publishers. It is sold at the enormous price of ten dollars a copy. This high figure can hardly be maintained long, though it must be confessed, the publishers have the "control of the market," unless the profession take it into their control, by refusing to purchase.

This edition contains a great deal of new matter, including all the new remedies up to the date of publication. It is of the utmost value to every medical man, and it is to be regretted that so unreasonable a price has been put upon it by the publishers.

A Valuable Present.

Some time since, a correspondent mentioned a valuable case of surgical instruments as in process of manufacture by Wade & Ford, of New York, intended as a present to a surgeon in the army. It was ordered by the men of the 20th N. Y. Cavalry, for the Surgeon of their regiment, Dr. William A. Madill. The case is a superb one, and cost $675. It was exhibited at the recent meeting of the American Medical Association, in Boston, and at the Surgeon-General's office, and on both occasions was pronounced the most perfect and beautiful set of instruments ever manufactured. The presentation took place at Richmond, Va.

Health Officer in Philadelphia.

Governor Curtin has appointed Brigadier-General Horatio G. Sickel, who has faithfully served in the army during the past four years, to the position of Health Officer in this city, in place of — Smith, deceased. We have no doubt but Gen. Sickel will make a good health officer, but there are scores of *medical* men who have served as faithfully in the army, who would have made better, because better adapted to fill such an office.

☞The British Association for the Advancement of Science will hold its sessions this year at Birmingham, under the Presidency of Professor Phillips. All branches of science are represented in this association, and it comprises hundreds of delegates and visitors of both sexes.

Abating an Evil.

The whiskey-rations in the army have been abolished by order from the War Department,

upon the recommendation of the Commissary-General and Surgeon-General. No liquor of any kind will hereafter be issued to soldiers except by the Medical Department.

Boylston Medical Prize Questions.

The premium for 1865, was awarded at the Annual meeting held June 1st, to HENRY W. WILLIAMS, M. D., of Boston, for the best Dissertation on *Recent Advances in Ophthalmic Science.*

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians :—

Edward Reynolds, J. B. S. Jackson, Charles G. Putnam, John Jeffries, J. Mason Warren, Morrill Wyman, S. D. Townsend, D. H. Storer, Henry J. Bigelow.

Dr. J. MASON WARREN is the Secretary.

The following questions are proposed for 1866:

1. *Treatment of Painful Affections of the Nerves following Gunshot Wounds.*

2. *Cerebro-Spinal Meningitis.*

Dissertations on these subjects must be transmitted, post paid, to JOHN JEFFRIES, M. D., *on or before the first Wednesday in April*, 1866.

The following are the questions proposed for 1867:—

1. *Pathology and Treatment of Diseases of the Skin.*

2. *Amputation, its Varieties and Occasional Results, Gangrene and Necrosis.*

The author of the best dissertation on either of the subjects proposed for 1866 and 1867, will be entitled to a premium of *ninety dollars*, or a gold medal of that value.

News and Miscellany.

Statistics of Stammering.

M. CHERVIN, Director of the Institution des Bëgues at Lyons, has communicated to a meeting at the Sorbonne, some curious statistics on stammering, embracing a period of ten years, from 1852 to 1862, and derived from the trustworthy archives of the Minister of War. They show that within that period 6773 conscripts were exempted from military service on account of stammering, and that the decennial average of such cases is 3 in 1,000 for all France, and 5 in 1,000 for the Department of the Seine. M. CHERVIN added to his report a map of the geographical distribution of stammerers in France, which shows that the north contains fewer sufferers from this infirmity than the south, the northeast being most free from this defect, and the southeast the most afflicted.

New Medical Society.

The physicians of St. Mary's county, Maryland, met at Leonardtown on the 9th of May last, and formed a Society under the title of the "Medico-Chirurgical Society of St. Mary's County." The following officers were elected: President, Dr. THOS. J. STONE; Vice President, Dr. A. SAPPINGTON; Recording Secretary, Dr. A. J. SPALDING; Corresponding Secretary, Dr. JAMES F. THOMPSON; Treasurer, Dr. WM. M. ABELL.

Fixity of the Types of Man.

At the last meeting of the British Association, Rev. T. FARRAR, in a paper on the above subject, maintained that, as far as we can go back, the races of man under all zones appear to have maintained an unalterable fixity. On the oldest Egyptian monuments we find Jews, Arabs, Negroes, Egyptians, Assyrians, and Europeans depicted with a fidelity as to color and feature hardly to be surpassed by a modern artist. It might be objected, that this fixity was due to the surrounding conditions having remained unaltered. But a glance at the map shows this objection to be invalid; for the eastern region of Asia, from 70° N. lat. to the equator, offers every variety of temperature, yet is peopled by a single type, the Mongolian. By the side of the fair Circassian we find brown Calmucks; short, dark Lapps live side by side with tall, fair Finns. The color of the American Indian depends very little on geographical positions. In short, color is distributed over the globe in *patches, not in zones.* Europeans transplanted from the temperate to the torid zone do not, even in the course of generations, undergo very considerable modification of type. This may be seen in the Dutch, who have lived in South Africa for 310 years, and in the descendants of the Spanish and Portugues in South America; also in the Negroes transplanted to America. Independently of this, we find races widely differing from each other, but dwelling side by side, who, so far as we know, have, from time immemorial, been affected by the same climate; such is the case with the Bosjesmen and the Kaffirs, the Fuegians and the Patagonians, the Parsees and the Hindoos. This fixity of type applies to habits as well as to corporeal features. The life of the Ishmaelite of to-day might be described in the identical terms applied to his first ancestor; and the Mongol has the same habits as in the days of Æschylus and Herodotus, or, perhaps, thousands of years before. It may be objected that a period of a few centuries is little or nothing in ethnological matters. It is, at any rate, everything to those who, without miraculous interference, of which nothing is recorded, have not more than that period between the Deluge and and the date of the oldest Egyptian monument in which to account for the appearance of, for instance, the full grown, well-marked Nigritian type. It remains for every one who is convinced

of these facts, to draw from them such inferences as appear to him most truthful and logical.

In the discussion which followed, Mr. Russell stated that he believed that the fixity of the type of races during the historical period was only one of the numerous proofs of the great antiquity of man. The results of various branches of inquiry —geological, traditional and ethnological—all pointed one way. He maintained that some amount of modification was known to have taken place in the descendants of one and the same race—the European and Indian branches of the Aryan race, for example; he therefore concluded that, as two lines not exactly parallel will eventually meet if traced out, so the various races and sections of races of man must be concluded, from this known example of divergence, to have had a common origin, however remote in time that origin may have been.—*Annual of Sci. Discovery.*

A Caution to Ethnologists.

An incident at a meeting of the Academy of Sciences recalls to mind the archæological discovery of the immortal Pickwick. There was mention made some time ago of a great find of flint implements at Pressigny-le-Grand, in the vast antiquity of which MM. Quatrefages and Mortillet expressed their firm belief. M. Decaisne, however, went to the spot, and questioned people living near, who told him that in past times tramps came every year and made gun-flints on the spot, and departed, leaving, of course, their chippings behind, veritable relics of an almost forgotten age—the age of flint locks.—*Chem. News.*

Terrible Effects of a Hurricane.

A hurricane recently passed over the village of Viroqua, Wisconsin, accompanied with terrible results. These hurricanes are of frequent occurrence in different parts of the western and southwestern States, but they do not always expend their force as in this instance, on towns and villages.

About four o'clock in the afternoon of Thursday, June 29th, two angry looking clouds approached each other from the north and south, and met at a short distance west of the village of Viroqua, Vernon county, Wisconsin. The people watched the threatening events with deep solicitude. When those two forces came in contact they whirled off at a tangent, and moved in an easterly direction, and passed through the very heart of the beautiful village, carrying death, destruction and danger in their progress. In a moment about fifty buildings were demolished and scattered to the winds, seventeen persons killed, and about one hundred men, women and children injured. The hurricane continued eastward in its course, and it is yet unknown where its havoc ceased.

For several miles east of Viroqua it destroyed everything in its course. The total destruction of property is estimated at two hundred thousand dollars.

The following physicians and their families are among those who suffered.

Mrs. Dr. Dean, and her daughter, Mrs. Moon, were killed, and Dr. Dean severely and perhaps fatally injured.

Dr. Weedon's child killed, and Dr. and Mrs. Weedon, and one child, severely injured.

Useful Plants.

According to a German author, the number of useful plants has risen to about 12,000; but it must be remembered that these researches have been completed only in certain portions of the earth. There are no less than 2500 known economic plants, among which are reckoned 1100 edible fruits, berries, and seeds; 50 cereals; 40 uncultivated edible graminaceous seeds; 23 of other families; 260 comestible rhizomes, roots, and tubers; 37 onions; 420 vegetables and salads; 40 palms; 32 varieties of arrowroot; 31 sugars; 40 saleps. Vinous drinks are obtained from 200 plants; aromatics, from 266. There are 50 substitutes for coffee; 129 for tea. Tannin is present in 140 plants; caoutchouc, in 96; gutta percha, in 7; rosin and balsamic gums, in 389; wax, in 10; grease and essential oils, in 330; 88 plants contain potash, soda, and iodine; 650 contain dyes; 47, soap; 250, fibres which serve for weaving; 44, for paper making; 48 give materials for roofing; 100 are employed for hurdles and copses. In building, 740 are used; and there are 615 known poisonous plants. According to Endicher, out of the 278 known natural families, 18 only seem, up to the present time, to be perfectly useless.—*Cosmos.*

Female Medical Society.

This society, established to form a medical college in London for ladies exclusively, and to promote the proper education of female medical practitioners, more especially for the purposes of midwifery, held its first annual meeting at the Ladies' Medical College, Fitzroy Square, on the 23d of May. The Marquis Townshend presided. It was contended that the employment of superior women in the practice of midwifery and the treatment of the diseases of women and children was called for by the gravest social and domestic considerations; and that these departments in the practice of medicine would not only open up to women a wide field of honorable and lucrative employment, but would also prove valuable as a means of intellectual culture and social usefulness to ladies who may not be dependent upon their own exertions.—*Brit. Med. Journal.*

Black Death.

An intelligent writer in the *Cornhill Magazine*, in speaking of the violent epidemics which have at times scourged the human race, makes the following remarks in relation to the "Black Death," as it was then called, which we insert for a general comparison of symptoms with that type of a similar epidemic which is advancing toward western Europe.

"The Black Death," remarks the writer, "like many other plagues of its class, can be traced far back into the remote East; and there is no doubt but that it was the same disease which ravaged China and Tartary in 1333. There had been a great famine in China, preceded by floods and earthquakes, which alone destroyed 400,000 persons, and in the following year no fewer than 5,000,000 died there of this plague. From the remote East it made its way into Europe some years later. It did not arrive in Europe until 1347, fifteen years after its outbreak in China. 'From China,' says Hecker, 'the routes of the caravans lay to the North of the Caspian Sea, through Central Asia, to Tauris. Here ships were ready to take the produce of the East to Constantinople, the capital of commerce and the medium of communication between Asia, Europe, and Africa.' Contagion made its way along these channels, and Constantinople and the seaports of Asia Minor where the foci whence the disease was carried to every country of Europe. Making its way across the European continent, it committed its greatest ravages—save, perhaps, in England—in Italy, raging terribly at Florence, where it was observed and described by the poet Boccaccio. Passing along the shores of the Mediterranean, it invaded France by way of Avignon, spreading thence to England on the one hand, and to Germany on the other; whence, like the cholera of the present day, it doubled back, two years later, to Russia, and so back to the East. The Black Death was of the same nature as the Oriental plague—viz., a putrid typhus, only of greater malignity. The boils and bubos of the latter disease were found in the former whenever the patient lived long enough to permit their development. The inhabitants of Europe at that time have been computed at 105,000,000—a high estimate. Of these 25,000,000, or one-fourth of the whole, perished! In England it was still more fatal, owing, probably to the ruder habits of the people. During the term of one year—viz., from August 1348, to August 1349, three-fourths of the whole population perished! This terrible scourge, having swept over the then known world, committing such destruction of life, and leaving behind it such misery and poverty as the world never saw before nor since, at length died out. It spared neither age, sex, nor condition; the rich and the poor alike succumbed. There died in Venice the aristocratic, no less than 100,000 persons; in Florence the refined, 60,000; in Paris the gay, 50,000; and in London the wealthy, 100,000; while in busy, rich, industrious Norwich, there died the almost incredible number of 50,000 persons—nearly the whole, one would suppose, of its inhabitants! At Avignon the deaths occurred with such frightful rapidity as wholly to baffle the attempts of the living to inter their friends and relatives; and the Pope was obliged to consecrate the Rhone to allow of the dead bodies finding a hallowed resting place upon its bosom, until it finally committed them to the great deep.

Army and Navy News.

ARMY.

The following is taken from the report of the Secretary of War made to Congress last winter, but which has only recently been published.

THE VETERAN RESERVE CORPS.

The medical statistics of the Veteran Reserve Corpe are very interesting.

The principal disabilities for which enlisted men have been transferred to this corps is as follows:—

Gun-shot wounds, chronic diarrhœa, injuries, disease of heart, rheumatism, hernia.

The ratio per thousand of gun-shot wounds greatly exceeds that of any other disability for which men have been transferred, (242.35 per thousand,) or nearly every fourth man in this corps has been transferred to it on account of disability produced by honorable wounds.

The list of injuries is not included in this report: if it were it would give a ratio of 326.72 per thousand, nearly every third man.

The prevalence of diarrhœa in its several stages in the Army of the United States, for the year ending June 30, 1862, was 653.47 cases in every thousand men; it is not, therefore, a matter of surprise that the ratio of this disease, in the disabilities, of the Veteran Reserve Corps, in its chronic form, is found to be 91.56 per thousand.

Disease of the heart occurs in the ratio of 69.30 per thousand, or one in 144. This disease has been one of the most prolific causes for the discharge of men from the service. For the first two months of 1863, the ratio per thousand discharged for disease of the heart, was 137. In chronic rheumatism the ratio is 54.44 per thousand, or less than one in every 18.

THE SURGEON-GENERAL'S DEPARTMENT.

The total amount of funds received by this department for the year ending June 30, 1864, was,.....	$12,263,988 08
The disbursements were.....	11,025,791 33

One hundred and eighty-two general hospitals, with a capacity of eighty-four thousand four hundred and seventy two (84,472) beds, were in operation at the date of the last annual report. During the summer campaigns it was found necessary to establish additional ones, and increase the capacity of those nearest the scenes of active operations, giving one hundred and ninety (190) hospitals, with a capacity of one hundred and twenty thousand five hundred and twenty-one (120,521) beds, on the 30th June, 1864.

During the year the health of the entire Army was better than is usual with troops engaged so constantly on active duty and in arduous campaigns. No destructive epidemics prevailed in any section, and the number of sick and wounded, although large, has been comparatively small in the proportion it has borne to the whole Army. At the close of the year the number of sick and wounded, both with their commands and in general hospitals, was less than sixteen (16) per cent. of the strength of the Army. Of this number 9.3 per cent. were sick, and 6.46 per cent. wounded. The number sick with their respective commands was four per cent., and in general hospitals 5.3 per cent. of the strength. Of the 6 46 per cent. wounded, nearly one per cent. were with their respective commands, the rest in general hospitals.

The work of reducing the sick reports of the Army has not advanced sufficiently to present a detailed statistical report of sickness and mortality during the year, but it is evident that the completed tables will exhibit a lower rate of mortality than in previous years. The deaths from disease during June, 1864, were 2.98 per thousand of mean strength; from wounds, 3.10 per thousand; total deaths 6.08 per thousand, or six-tenths of one per cent. for the month. During the same month of the

previous year the total was 7.3 per thousand of mean strength, or over seven-tenths of one per cent.

There were furnished during the year to disabled soldiers 669 legs, and 339 arms.

Compliment to a Surgeon.—On the evening of the 10th of June, Surgeon B. J. D. Irwin, Superintendent of the Military General Hospital at Memphis, Tenn, was presented with an elegant breast-pin by the surgeons of the different hospitals. After the reading of a series of resolutions adopted at a recent meeting of the hospital surgeons, in which the chief surgeon's distinguished services and their appreciation of him as an officer and gentleman were appropriately and feelingly alluded to, the present was conveyed to Dr. Irwin by Surgeon Studie, in a brief address. Dr. Irwin, in a few fitting words, thanked the donors for their beautiful gift. In an entertainment which followed, Surgeon Studie proposed the health of Surgeon John E. Summers, Lieutenant Colonel U. S. A., and Medical Inspector for the Department, who pleasantly acknowledged the compliment. The whole affair was very hearty and agreeable.

Quarantine Officers.—The following named Medical Officers have been announced by Major-General Gillmore, as Quarantine Officers for the several Ports set opposite their respective names:—Assistant Surgeon J. G. Murphy, United States Volunteers, Port Royal Harbor, S. C. Assistant Surgeon E. K. Hogan, United States Volunteers, Tybee Roads, Ga. Assistant-Surgeon Alexander Lelong, United States Volunteers, Fernandina, Fla. Assistant-Surgeon E. D. Buckman, United States Volunteers, Charleston, S. C. Subsequently on recommendation of the Medical Director, Assistant Surgeon J. G. Murphy, United States Volunteers, was relieved from duty as Quarantine Officer for Port Royal Harbor, and Assistant Surgeon Walter R. Way, United States Volunteers, was appointed to fill his place.

Assignment of Medical Officers.—The War Department has ordered that the assignment of medical officers as Medical Directors, Assistant Medical Directors and Acting Medical Inspectors of Armies, Army Corps and Divisions be discontinued. Medical Directors will hereafter be assigned to the headquarters of Military and Geographical Departments only, and by order of the Secretary of War. No increase of rank, pay or emoluments pertain to such assignments.

Ass't Surgeon Cyrus Bacon, U. S. A., is relieved from duty with the Artillery Brigade, and is assigned as Medical Inspector on the staff of the Army of the Shenandoah.

NAVY.

Naval Academy at Annapolis, Md.—Surgeons George Clymer, William Maxwell Wood and Francis M. Grinnell, have made an inspection of the grounds and buildings of the Academy at Annapolis, and report certain repairs, in order to render the Academy safe from any contagion to be feared from its former use as an hospital. The work of cleansing and repairing has been begun, and the Academy will be ready for use in October next. Acting Volunteer Lieutenant W. W. Crowinshield has been ordered to duty in charge of repairs.

MARRIED.

Marshall—Ogden.—On the morning of the 4th instant, at the residence of the bride's father, in Port Elizabeth, Cumberland county, N. J., by Rev. H. G. Williams, Benjamin H. Marshall, M. D., of Tuckahoe, N. J., and Miss Eliza L. Ogden.

Mays—Zerbe.—At Shaefferstown, Lebanon county, Pa., at the residence of the bride's father, on Tuesday, June 20th, Dr. George Mays, of Litiz, and Miss Agnes E., daughter of Dr. Jonathan Zerbe.

Ralston—Templeton.—June 17th, in Princeville, by Rev. Wm. Cunningham, Dr. Robert G. Ralston, of Middlesex, Pa., and Miss Martha J. Templeton, of Princeville, Illinois.

DIED.

Lyons.—In this city, on the 5th instant, Dr. John C. Lyons, in the 51st year of his age, from disease contracted in the service of his country, while Surgeon of the Fifty-Sixth Regiment Pennsylvania Volunteers.

Potter.—Suddenly, at the house of Judge Berry, near Newport, Ky., July 1st, Willie Kiderlen, only child of Dr. Joseph F. and Elizabeth L. Potter, of Cincinnati, aged 14 years and 4 months.

Russell.—In this city, on the morning of the 9th instant, Preston W. Russell, M. D., in the 37th year of his age.

Seegar.—July 1st, at Fairmount, near Cincinnati, Ohio, Carrie S., youngest daughter of Dr. J. and Mary N. Seegar, aged 19 years and 6 months.

Stevens.—At Washington, on the 5th instant, Dr. Bela N. Stevens, of New Hampshire, First Assistant Physician at the Government Insane Asylum, Washington, D. C.

Townsend.—In this city, on Sunday, the 9th inst., E. Percy, son of Dr. Richard H. and Mary S. Townsend, aged 3 years and 4 months.

Voorhees.—At Red Bank, N. J., on Thursday evening, July 6th, Dr. Joseph Voorhees, of Brooklyn, aged 53 years.

ANSWERS TO CORRRESPONDENTS.

Dr. F. L. K., Jerseyville, C. W.—Wilsons' plates of the Skin, Maclise's Surgical Anatomy, Churchill's Disease of Infants and Children; and Griffith's Universal Formulary, sent by express, July 7th.

Dr. W. McK, Mount Hope, Ohio.—Dalton's Physiology, and Stille's Therapeutics and Materia Medica, sent by express, July 7th.

Dr. J. W. McC., Minerva, Ohio.—U. S. Pharmacopœia, sent by mail, July 6th.

Dr. E. B. P. K., Phila.—One set of Weber's Anatomical Atlas, 8 figures dispatched from New York by express, July 5th.

Dr. W. W. S., Kersey, Pa.—Arnott's Elements, Pereira's Prescription Book, sent by mail, June 29th.

Dr. J. H., Petersburg, Ind.—Wood & Bache's Dispensatory sent by mail, July 6th.

Dr. H. A., Gallatin, Tenn.—Thomas' Pronouncing Medical Dictionary, Fuller on Rheumatism, Harrison on the Nervous system, sent by mail, July 6th.

Dr. B. M., Strasburg, Pa.—Jones' Practice of Medicine, Kost's Materia Medica, Acton on Reproductive Organs, sent by express, July 6th.

Dr. C. M. L., Fulton, N. Y.—Two figures Weber's Anatomical Atlas, dispatched to you by express from New York, July 5th.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.

Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64, Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers, of No. 414, Feb. 4, 1865.*

THE

MEDICAL AND SURGICAL REPORTER.

No. 438.] PHILADELPHIA, JULY 22, 1865. [Vol. XIII.—No. 4.

Original Department.

Communications.

USE OF VERATRUM VIRIDE IN CONVULSIVE DISEASES.

By A. Geiger, M.D.,

Of Dayton, Ohio.

After an experience of nearly ten years, by the profession, in the use of the "Veratrum Viride," its use in febrile and inflammatory diseases is not as satisfactory as it was fondly hoped it would prove to be, when first introduced. Still, it holds the first rank as an agent in controlling the action of the heart and arteries. But there is a class of diseases over which it exerts an influence which I regard as invaluable, and in which its curative properties may not have received that degree of attention, from the profession, that they are deserving of.

I allude to "Convulsive Diseases," depending upon undue excitement of the brain or nervous centres; such as puerpural convulsions, hysteria, mania-a-potu, convulsions of children, etc., etc.

I have used it in my practice for several years past, (and also others to whom I have recommended its use,) in the various convulsive diseases, with the most satisfactory results; generally in a short time controlling the convulsive action, and restoring the patient to quiet and sleep.

The first case of puerperal convulsions in which I was induced to try its effects, was the patient of a brother practitioner, Dr. O. Crook, of this city. He had been called to his patient in the morning, a fine healthy-looking young woman, in her first confinement. He had bled her freely, before my arrival, which was at 9 o'clock, A. M. The convulsions were frequent and powerful, the os uteri but slightly dilated, no chance to deliver, and no prospect that the opportunity would offer for several hours. I advised the administration of the veratrum viride. Four drops of the fluid extract were given, and repeated every two hours. The convulsions were partially controlled by the use of chloroform, administered immediately upon the approach of the symptoms of returning convulsions, until the influence of the veratum was manifest. At 2 P. M., the patient was quiet; the convulsive action having gradually grown more feeble, and the pulse reduced to about 60 per minute. The labour progressed favorably until 6 P. M, when she was delivered of her child. The veratrum was continued in doses sufficient to control the action of the heart, until sensibility returned, which was some forty-eight hours after her delivery; after which time she had a good recovery.

I have since used it in two other cases with like success, and know of no remedy to compare with it in cases of this kind. I have also used it in hysteria; invariably controlling the spasms as soon as the patient was brought fully under its influence. Also in the convulsions of children; given in doses suited to the age of the child, it has always proved highly satisfactory, arresting, in a short time, the spasmodic action.

In all of the above diseases, we have increased action of the heart and arteries, with morbid excitement of the brain and nervous system, and whether it is the action of the veratrum as an arterial sedative, that produces its curative effects, or whether it does not also exercise directly a sedative influence over the brain and nervous centres, is a matter for further investigation.

But in delirium tremens, I think it is destined to take the place of all other remedies, so prompt and satisfactory are its effects, and the more particularly in those patients that are furious and uncontrollable.

Dr. Crook was induced to use it in a case of mania-a-potu, soon after seeing its effects in the case of puerpural convulsions above alluded to. The patient was a robust liquor-seller, and himself a good customer. He had had previous attacks, which had been exceedingly hard to control. In this case, when the doctor was called, he found his patient out in the yard, and it required the efforts of three men to keep him from running away. He was brought in, and four drops of the fluid extract of the veratrum administered, and ordered to be repeated every two hours. Opium and other remedies having been previously admin

istered, without effect. In a few hours, its effects were apparent; nausea and vomiting succeeded, and the patient reclined quietly in bed, and the following day, after a good night's repose, was about again. Another case, that of a sturdy blacksmith who had imbibed too freely, and who was so unruly that it became necessary to bind him, and tie him fast in the bed; after taking two doses of the veratrum, he went to sleep, and awoke the following morning to inquire of his attendants. "What they meant by tying him up in that style?" they being afraid to unloose him during the night. When informed what had been the matter, he coolly assisted in unbinding himself, and went to his shop as usual. Other cases might be related.

I have used it in one case of chorea. It was the first attack in a young girl of fifteen, and seemed to have come on without much previous warning. The muscles of the left side were principally affected by the convulsive action, and the patient was very much distressed. Not more than six drops of the fluid extract were given, until she became quiet, and the next day she seemed as well as usual. Emmenagogues were then given, and there has been no return of the chorea since.

I would say to any member of the profession whose attention may not have been called to the use of the veratrum viride in the cases above cited, *try it*. The result will be satisfactory.

CASES FROM THE NOTE-BOOK OF AN ARMY SURGEON.

By E. Batwell, M. D.,

Surgeon 14th Regiment, Michigan Volunteers.

Secondary Hemorrhage.

W. S., Co. I, 17th N. Y. V. Infantry, received a gunshot wound on the 1st September, penetrating the right thigh about six inches below Poupart's ligament, and presenting itself in the fold of the nates of the same side. Nothing of any particular interest showed itself, until the 12th day, when the slough came away, and violent secondary hemorrhage set in. Pressure on the main artery seemed to arrest the bleeding, and it was resolved, as presenting the best prospect of ultimate success, to ligate the femoral vessel. Accordingly, it was cut down on, and a ligature passed around it, but I discovered that though materially lessening the flow of blood, yet perfect control of the hemorrhage was not obtained. This too, whilst the ligature was passed above the origin of the profunda. I then withdrew the ligature; and dilated the original wound in hopes of being able to discover the bleeding vessel, but failed to find the source of the hemorrhage, which was *slowly* but *surely* bringing the case to a close.

The wound was then *packed* with charpie soaked in liquor ferri persulp., and it was resolved to allow it to be discharged by nature, avoiding all interference. On the 6th day a large part of the mass was discharged, but a portion had been pushed under the fascia lata, which did not come away until the 22d day, and as any interference brought on considerable oozing, it was resolved to permit its discharge by the suppurative process, which was very copious, and required all our efforts to counteract by nourishing diet and stimulants. However, it was finally discharged, and the patient gradually recovered, convalescence being impeded by a large bedsore, which caused much trouble. He was sent to the rear ten weeks after receipt of injury.

Penetrating Wound of Thorax.

Richard Cox, Co. E, 113th O. V. I., received a gunshot wound on the 29th of November, whilst foraging near Lewisville, Ga. The ball penetrated the left side of the thorax, between the 4th and 5th ribs, immediately below the nipple, and came out between the 3d and 4th ribs of the same side about an inch from the spine. The patient when brought into hospital exhibited all the appearance of a dying (if not of a dead) man. He did not seem to breathe, or to be conscious of surrounding objects, and any attempt at inspiration was followed by violent hemorrhage, the pulse was almost imperceptible, and the skin was cold and clammy. He was made as comfortable as possible, and toward evening became sensible, and gradual reaction took place. The inexorable order "to move at sunrise" came, and we put our patient into an ambulance, little expecting that he would live through the day, but at evening he seemed quite as comfortable, and continued gradually to improve, the hemoptysis lessened and he gained strength hourly—he rode daily until our arrival in Savannah, a distance of over 200 miles. He seemed in excellent health and spirits, but some days after our arrival, violent hemoptysis set in and continued daily for about two weeks, prostrating him considerably. However he convalesced rapidly from this time, and on the 20th of January was furloughed.

In presenting this case, we do not propose a daily ride of 15 or 20 miles in a Government ambulance over a "corduroy" road as a cure for penetrating wounds of the thorax, but we do assert that a larger proportion of serious gunshot wounds get well in the field, under the immediate care of regimental Surgeons, than can be shown by the statistics of hospitals in the rear. We can form

no idea of the course the ball took. In an anatomical view, it ought to have penetrated the heart, or wounded the great vessels in the thorax. It did not pass external to the chest, and the vast amount of hemorrhage admits of no other solution, than having penetrated the lung at, or near its root. The diversity of opinion expressed by all medical men who saw the case satisfied us as to our own hypothesis, that we knew nothing of the course the ball had taken.

CASE IN WHICH THE FIRST STAGE OF LABOR PASSED DURING SLEEP.

By W. S. Shaw, M. D.,

Of Sullivan, Ohio.

In *Braithwaite's Retrospect*, number 44, January, 1862, is the abstract of an article by Dr. B. Fordyce Barker, of New York, on the use of belladonna to shorten the first stage of labor. I have tried it three times within the last year. In two of the cases, each second pregnancy, labor was over before I arrived. The third case I will relate:

February 15th, 1865, 2 o'clock, A. M., was called to see Mrs. N., aged 32; primapara. She is tall, well formed, moderately full flesh, strong, muscles firm, lower extremities somewhat œdematous. Has been using

Ext. belladonnæ,	gr. viij.
Syrupi,	f.℥ij.
Tinct. aurantii, aquæ,	āā f.℥j. M.

three times a day, in teaspoonful doses, for two weeks. Has not observed the constitutional effects of the drug.

She says she went to bed as well as usual and fell asleep, was wakened half an hour before I arrived, by *water running from her*. She did not seem to be in much pain. Thinking there might be some mistake, I proposed an examination, when, to my surprise, I found the os uteri surrounding the brim of the pelvis, and on the accession of the next pain passed above it, and the vertex presented in the superior strait.

Labor proceeded regularly, but slowly, for about 3 hours, when the head had passed into the pelvis, and locked, the vertex to the left ramus pubis.

As I failed to detach it from that position by manipulation, I sent for forceps, mine, unfortunately not being at hand. After two hours the messenger returned, having failed to get the forceps. As she was in good condition, and bearing her pains well, I determined to wait the efforts of nature. No change of position, only that the head was becoming more closely impacted. Two hours later, while she was engaged in pleasant conversation with a lady by her side, right in the midst of a sentence, she took a convulsion. When it passed off, I gave her a sedative and ordered an injection of mucilage with assafœtida, and sent for the nearest forceps, ten miles.

In about an hour she had another slight convulsion. I forgot to say that I tried to bleed, but could not get a vein of sufficient size to do any good. In half an hour longer the forceps arrived, and in twenty minutes I delivered her of a dead child. The death of the child had doubtless been caused by the long impaction, and the spasms, as I had heard the fœtal heart, a short time before the first convulsion.

As the head so nearly filled the pelvis, it required careful manipulation to use the forceps, but no injury was done by them.

After delivery, and before the bandage was applied, she had another terrible convulsion, and remained semi-comatose for twelve hours, but afterward made a pretty good recovery. Had I had the forceps at hand, and delivered four hours sooner, all these results might most probably, have been avoided.

In *Braithwaite* for July, 1864, Dr. James Palfrey relates a case of twin labor in which uterine action passed to the second stage during sleep; and says he has never heard of another case. I had not seen that till after the case above related, and supposed I had pretty satisfactory evidence of the efficacy of belladonna. But his case spoils my evidence considerably. However, I think the question is worthy of the attention of the profession, and if the most patience-trying part of labor can be shortened without injury in some other way, let it be done.

Hospital Reports.

Philadelphia Hospital,
February, 1865.

Medical Clinic of Dr. J. M. Da Costa.

Reported by William H. Ford, M. D., Resident Physician.

Subacute Peritonitis and Acute Bronchitis occurring after Debauch.

M. A., æt. 31; native of Ireland; admitted January 26th, 1865. About three weeks ago, after a prolonged debauch, she was seized with a severe pain in the right hyprochondriac region and in the small of the back, and, shortly afterward, she noticed that her abdomen was swelling. She complains of tenderness in her side, of cough, is unable to rest comfortably on her right side, is constipated, but has no perceptible fever. There is pain on pressure in the right hypochondrium,

slight abdominal prominence, and indistinct fluctuation. When we have some abdominal effusion associated with acute symptoms, it is well to ascribe it to peritoneal inflammation. It is probably partial peritonitis of a subacute character, which may be attributed to abusive exposure, to which this patient has been subjected.

In examining the chest we find clearness on percussion, moist rales, and bronchial cough. There is, in addition to the peritonitis, slight acute bronchitis.

Treatment. Place a small blister, four inches long and four inches broad, over the seat of tenderness, just below the right hypochondrium, and apply an emollient poultice over the vesicated surface. It is important to produce active secretion from the kidneys by diuretics. We will select those which are also expectorant, so as to be equally well adapted to the bronchial difficulty.

℞. Potassæ acetat., ℥iij.
Syrup. scillæ, f.℥vj.
Tinc. digitalis, f.℥j.
Aquæ, f.℥v. Misce.

Of the above mixture let a tablespoonful be taken three times a day.

This patient was discharged from the hospital April 17th, cured. The tenderness was soon relieved, and the effusion gradually disappeared, after confining the patient to the above treatment. The treatment of the bronchial affection was equally successful.

Duchenne's Disease.

J. M., æt. 41; native of Germany; of temperate habits. He was first taken sick about three years ago, with sharp pains in his back and legs, which gradually increased to such an extent, as to compel him to abandon his trade. After three months' treatment in the Pennsylvania Hospital, he was so much improved as to be able to resume his occupation. He however became worse again, and was admitted to this hospital January 4th, 1864, at which time he was suffering from violent pains in the back and legs, requiring large doses of opiates to obtain rest. "He* could stand with the aid of a cane, but was unable to walk without additional support; not from the absence of muscular power, but because the faculty of regulating and co-ordinating its actions was lost. He complained of a constant feeling of constriction around the body, of obtunded sensation on putting his feet to the ground, as though walking on soft cushions, and of formication. When his eyes were closed he would instantly fall to the ground, being altogether unable to stand or step. He had control over the sphincter ani. The urine, of which there was frequent incontinence, was alkaline, of specific gravity 1027, and deposited abundantly phosphates and urates." Galvanism was ordered to be daily applied along the various nerves, and to different groups of muscles. As nervous tonics, he was to take sulphate of zinc and extract of nux vomica; and to prevent nocturnal discharge of urine, one-quarter of a grain of the extract of belladonna at bedtime.

His condition to-day is much the same. He still has violent pains in the lumbar regions. He can walk tolerably well with assistance, but cannot well control his movements. He has the muscular power to walk, but very imperfect control over that power, on account of want of co-ordination. This fact, namely, the presence of perfect muscular force without the control or co-ordination of movement, distinguishes this disease, which was called by Duchenne, *ataxie locomotrice progressive*—progressive disorder of locomotion, from all other forms of paralysis. There is a diminution or loss of tactile sensibility, which causes a sensation similar to that produced by walking on velvet. There are also sharp piercing pains in the lower extremities, of which he constantly complains. Another peculiar feature is the strange effect of closing the eyes; this gives rise to an increase of the uncertainty of the patient's gait to such an extent that he is incapable of taking a single step without falling, or to an utter inability to stand erect with his feet in juxtaposition, without instantly losing his balance. One of the worst features in this malady is the impairment of vision. Strabismus and amaurosis are apt to supervene. The patient's vision is still good.

The pathology of this disease is almost unknown. Careful research has failed to detect any lesion in the brain or spinal cord; and, therefore, with our present state of knowledge, the malady must be classed among the functional disorders. It may be, and most likely is, an organic disease, but this is not yet known.

The prognosis is very unfavorable.

Treatment. Late observations have shown that nitrate of silver has a certain peculiar remedial effect upon this disease, and it is more particularly for the purpose of alluding to this fact that the case is again presented to the class. We will commence the use of this medicine by giving one-fourth of a grain three times a day, which will be gradually increased to a half a grain three times a day at the expiration of one or two weeks, and finally to a grain three times a day. The result

* Med. and Surg. Reporter, Vol. XI. No. 385, page 206.

must be carefully watched. We must not expect a sudden change in the condition of the patient.

This patient was taken sick in March, 1865, with typhus fever, which was then prevalent in the hospital, and died in the tenth day of the disease. His case exhibited the ordinary symptoms of typhus. A thorough post-mortem examination was made, but no lesions were discovered to which we could refer his nervous affection. The brain and spinal cord were examined microscopically without detecting any organic disease.

Catarrhal Icterus.

J. H., æt. 23, a native of Germany; admitted January 24th, 1865. He is a man of good constitution, and has always enjoyed good health. About three weeks ago he first noticed that his skin and eyes were becoming yellow. For several days before his attention was attracted to this unnatural color of his skin and eyes he had felt unwell, having had headache, nausea, constipation, and pain in the right hypochondriac region. He became more and more sallow every day, and, when admitted, his skin, and especially his conjunctivæ, were intensely yellow, like saffron. His excrement was of a dull-leaden color; his urine was yellowish-brown, alkaline, of specific gravity 1022, and somewhat increased in quantity. He had pain in his right side, though not severe; constipation, slight frequency of pulse, but scarcely any increased heat of skin.

As examined this morning, he presents the following conditions: Pulse 70; skin dryish, but scarcely hot; tongue coated, with a yellowish coat in the centre; general soreness in the right hypochondrium, and pain on pressure; liver presents no increased percussion dulness, therefore not enlarged; stools, dry and clay-colored; urine contains bile as indicated by the iridescent test, also the biliary acids as detected by Pettenkofer's test; pulse,* depressed on account of the presence of bile in the blood; conjunctivæ, very yellow.

The conjunctiva is the most delicate test for the presence of bile in the blood—excepting chemical tests. If in doubt as to the existence of jaundice, look at the conjunctiva, as the most delicate, yellowish hue will be there observed when the skin appears perfectly normal. The hepatic symptoms are acute, but are not associated with enlargement of the liver.

* There was a case of similar disease some time ago in the house, in which the pulse was 40.

What can we assume to be the most likely cause of this jaundice? Inflammation or catarrh of the biliary ducts, accompanied by swelling. It is most likely a case of catarrhal icterus. The presence of the biliary acids in the urine indicates an obstruction in the biliary passages. On account of this impediment to the passage of bile through the ducts, a considerable quantity of the retained bile is absorbed into the blood, and from thence is eliminated by the kidneys. If there were suppressed secretion the biliary acids would not be detected in the urine.

Having determined that the jaundice depends upon an obstruction of the biliary ducts, it is important, in the next place, to determine the cause. If the obstruction were due to the impaction of a biliary calculus, in addition to the usual symptoms of jaundice, there would be severe colicky pains. If it depended upon morbid enlargement of adjacent parts, there would be some indication of it. It depends most likely upon inflammation and swelling of the mucous membrane of the hepatic ducts. It is an acute jaundice.

If there were inflammation of the liver, there would be marked hepatic dullness and less jaundice. There is a form of jaundice in which the liver is not increased in size, but is rather diminished; that is, acute yellow atrophy of the liver. In this disease there are cerebral symptoms, such as delirium, tremors, spasms, and coma. These cases terminate rapidly in death, on account of blood-poisoning.

Treatment. The kind of treatment is indicated both by theory and practice. Apply wet cups over the region of the liver, so as to remove about eight ounces of blood. Act on the kidneys and bowels by Rochelle salt, of which one ounce, in solution, may be taken daily. Mercurials are of more advantage in the latter stages of acute jaundice. In the East Indies, where this disease is very prevalent, salines are most universally used. The action of the skin should be attended to, therefore an occasional warm bath will be ordered. The diet should be moderate, and of easily digested articles, such as rice, eggs, broths, oysters, etc. No stimulants are to be allowed.

This patient gradually improved, so that on the 14th February he was discharged from the ward, with no vestige of his previous affection, save a slightly discolored urine.

Cerebro-spinal Meningitis.

A few cases, in a mild form, of cerebro-spinal meningitis, have been observed at Vienna.

Jefferson Medical College,
April, 1865.

Surgical Clinic by Prof. Gross.

Reported by William T. Bullock, M. D., of Rhode Island.

Hypertrophy of the Tonsils.

George K., eight years of age. Both tonsils are enlarged in this case, although not equally so, the gland of the left side being the larger of the two. The lymphatic glands situated between the angle of the jaw and the sterno-cleido mastoid muscle, are also of a larger size than natural.

This disease is of a strumous character, occurring generally in children of scrofulous parents. It is most frequently observed in persons under ten years of age, and is often apparently congenital. It rarely occurs in adults, and never in the aged, although such persons may suffer from the affection, if it has arisen in early life, and not been relieved.

It usually commences in both tonsils simultaneously, accompanied often by enlargement of the uvula, and a granulated condition of the fauces. As the disease advances, the enlarged glands encroach upon the surrounding parts. The voice becomes nasal, and respiration is embarrassed, the head being thrown back during sleep, for the purpose of bringing the mouth in a line with the trachea, and the friends of the patient complain of his noisy snoring. The thorax becomes flattened laterally, the extremities are cold, and the growth of the child impaired, owing to the imperfect æration of the blood. The consistence of the diseased glands varies much in different cases; in those of short duration being quite soft, while in cases of long standing, the glands are sometimes of almost scirrhous hardness. In some cases, these enlarged follicles contain calcareous concretions.

In the early stages of the disease, a cure may sometimes be effected by the occasional application of nitrate of silver, or of the tincture of iodine diluted with an equal quantity of alcohol; the general health of the patient being at the same time improved by the administration of cod-liver oil, iodine, the chalybeate tonics, etc. In cases of long standing, as in the present instance, the proper treatment consists in excising a portion of the hypertrophied glands.

The operation is best performed by seizing the diseased glands with a pair of forceps, each blade of which terminates in a double hook, and then cutting off the portion exterior to the arches of the palate with a curved probe-pointed bistoury, carrying the knife from below upward, with its back toward the tongue.

If much hemorrhage follows the operation, the patient should be made to open his mouth, and a current of cold air directed upon the wounded parts. If the bleeding cannot be arrested in this way, astringent gargles, or the application of ice to the throat and neck, may be resorted to, or the orifice of the vessel from which the hemorrhage proceeds, may be seized and compressed with a pair of forceps.

The patient should of course avoid exposure to cold for some days after the operation, as there is danger of violent inflammation taking place and destroying the life of the patient.

Sebaceous Tumors of the Scalp.

1. Louisa D., forty-seven years of age, has seven tumors upon the head, the largest of which, about the size of an orange, she first observed four years since.

The scalp is attenuated, and devoid of hair over the largest tumor. The tumor moves readily under the fingers, and feels as if filled with a fluid, the contents of the cyst having probably been changed in consistence by long retention.

A sebaceous tumor arises without any apparent cause. It commences in one of the sebaceous follicles, the orifice of which becomes closed by adhesive inflammation, thus preventing the escape of its contents, and as the sebaceous matter continues to be secreted, the follicle is distended, its walls at the same time becoming hypertrophied. During these changes the follicle alters its position, being found at last *behind* the skin.

The scalp, forehead, eyelids, and face, are the most common sites of this tumor. It rarely, if ever, occurs upon the extremities. The contents of sebaceous tumors are very variable, being usually thick and whitish, having the feel of tallow, but are sometimes of a much more fluid nature. When occurring in the scalp, the tumor is occasionally found to contain hairs, which have probably been intercepted during the process of occlusion.

Making an incision through the scalp, a grooved director is introduced, and the cyst exposed by means of a scalpel. The cyst is then removed, by separating it from its connections with the surrounding parts by means of the finger and handle of the scalpel. The cyst in this case is filled with a bloody looking fluid, with a substance resembling cholesterine suspended in it. The only dressing required is the introduction of a few points of the interrupted suture.

There is always danger of erysipelas after the operation, of which the patient should be forewarned.

2. Sarah H., fifty-seven years of age, has five tumors upon her head, each being of the size of a

hen's egg. The tumors are removed in the same manner as in the last case. A considerable amount of hemorrhage following the operation, one or two ligatures are applied to the bleeding vessels.

Pott's Disease of the Spine.

Eliza O'D., two years of age. This little patient is suffering from a tubercular or scrofulous pisease of the bodies of two or three of the upper dorsal vertebræ, a disease usually called Pott's disease of the spine, on account of the graphic manner in which it has been described by that gentleman. It is an affection of a strumous nature, and is often accompanied by other indications of a scrofulous diathesis, such as the presence of enlarged lymphatic glands, scrofulous eruptions, tubercular deposits in other parts of the body, etc. It comes most frequently in young subjects, from the age of three to twelve years, sometimes at the period of puberty, occasionally in young adults, but never in the aged. The disease commences by a deposit of tubercular matter in the cancellated structure of the bodies of the vertebræ, those in the dorsal portion of the spinal column being most frequently affected. The tubercular matter remains dormant for some time, in the same manner as when deposited in other parts of the body, but finally softens, while both the cancellated and compact tissues of the body of the vertebra are broken down and absorbed.

The weight of the superincumbent parts then crushes together the deceased vertebræ, crowding out the spinous processes, which form a prominent projection behind, while the ribs being brought nearer to one another, form, with the sternum in front, that peculiar arch so characteristic of this disease. The contents of the spinal canal are more or less encroached upon, producing in some cases a peculiar prickling sensation in the parts supplied by the nerves which are thus compressed, while in other cases complete paralysis of those parts occur.

The general health of the patient is impaired; he loses appetite and flesh; sleeps badly, and complains of a dull pain at the seat of the disease, the pain being increased by pressure applied over the parts, a sickening sensation being also produced. The patient becomes hump-shouldered, and he walks with difficulty, moving his legs in a peculiar dragging manner, while his arms hang down by his side. The treatment of this disease consists in the use of cod-liver oil, tonics, attention to the bowels and general health.

An issue should be made with the actual cautery near the seat of the disease. The hot iron makes a powerful impression upon the part and system, and when the eschar drops off, a freely suppurating surface is left, which may be made to keep up a constant drain for several months. The patient should be placed in bed, his pillow taken away, and he should not be allowed to rise from a recumbent position under any pretext whatever, until recovery has taken place. If the patient is seen in the early stage of the disease, and treated in this way, deformity may be prevented. When the morbid action is arrested, plastic matter is thrown out, which becoming organized, unites the surrounding parts. The organized plasma is finally converted into a substance resembling bone, from which it differs, however, in being more solid and ivory-like, and of a somewhat whiter color.

The disease thus terminates in anchylosis, the bodies of the contiguous vertebræ, as well as their different processes, being converted into a solid mass.

Editorial Department.

Periscope.

Influence of Mental Impressions as a Cause of Bodily Deformity.

At a recent meeting of the *London Obstetrical Society*, the *British Medical Journal* says, that Dr. Meadows read the particulars of a case of monstrosity. Having first expressed his conviction in favor of the proposition, that the mind can and does act in this way, he reviewed and combated the various objections urged against it; the principal one being the absence of any direct connection between the nervous system of the mother and that of the fœtus through the umbilical cord. He, however, endeavored to prove that mind, or the mental force, was not and could not be thus bound down, as it were, by the anatomical limits of the nervous structures; that it must have a power of action, if it has any action at all, throughout the entire organism, and in every part of it, whether it possessed nerves or not: in other words, that its sphere of action was only limited by the configuration of the body. Hence in those tissues where the existence of nervous elements could not be demonstrated, the mental or nerve force might, as it were, pass across the intervening matter between any two parts where nerves did exist, just as electricity traversed space between any two conductors. The author then applied this reasoning to the case of the fœtus *in utero*, and offered an explanation of the mode by which mind thus acts upon matter by supposing a kind of correlation between mental and nerve force analogous to the correlation of other physico-vital forces; the nerve force being here the active agent in those nutritive processes upon the changes of which deformities depend.

Dr. Rasch said that the belief in the influence of mental emotion on the formation of the fœtus was as old as it was general amongst women. The great difficulty was to establish facts, as the mothers always recollected something from their pregnancy *after* they found something abnormal in their children. Dr. R. had seen two cases which had somewhat struck him, and of which he had taken notes. Two boys, from different parts of Germany, were brought to him with scarcely any foreskin, looking exactly like circumcised little Jews, but without any cicatrices. Both women narrated, with great emotion, how they had seen during their pregnancies little Jews so cruelly treated that they could not forget it! They both had been present at the well-known Jewish rite. He ought to mention, however, that he had observed the same state in other little boys where no such story was volunteered, and where the mothers *did not know that this state was abnormal*. He considered this influence on the fœtus an open question, which he had made up his mind to help in solving whenever there was an opportunity of doing so.

The President, Dr. Barnes, observed that the instances most strongly bearing upon the question were those in which pregnant women stated explicitly the emotions supposed to influence the form of the fœtus *in utero* which they had undergone. The facts of the case reported were very remarkable, inasmuch as the event singularly confirmed the statement of the woman made before her child was born. Dr. Barnes remarked that malformations were common amongst birds as well as quadrupeds; and that in birds it must be concluded that any mental impression must be imparted in the earliest stage of development—*i. e.*, before the ovum was invested with the shell.

Catarrhal Ophthalmia.

In the *British Medical Journal*, (June 24,) Mr. Henry Hancock differs from most writers who affirm that catarrhæl ophthalmia is purely a local affection, depending upon atmospheric changes, and chiefly requiring local applications for cure. Some other cause is requisite, that is a peculiar condition of the system favorable to its development. If wet or cold alone were sufficient, every inflammation of the eye would be catarrhal. A low and depressed state of the system predisposes to catarrhal and its kindred variety—purulent and gonorrhœal ophthalmia. It is the pest to children in pauper institutions: succeeds typhus and low typhoid fevers. Indeed wherever the nervous system is depressed, or the blood iritated, there must we look for this form of ophthalmia. The physical sign most apparent in the eyes—is only a local manifestation of a general wrong against which treatment must be directed. He does not agree with McKenzie, where he says that if treated only "by general remedies it will continue many weeks, becoming the cause of much febrile excitement . . . . or that the conjunctiva will become sarcomatous and rough, (granular) and by rubbing in this state against the cornea, will render it vascular and nebulous, or even densely opaque.

Mr. Hancock admits that granular lids after catarrhal ophthalmia do affect the cornea as described, but is convinced that the local employment of astringents, as nitrate of silver, sulphate of zinc, etc. etc., prolongs the complaint, and causes granulation of the lids. Avoid violent depleting remedies as you would in erysipelas—and use constitutional remedies of an attractive, tonic, and stimulating character, keeping the eyes clean and comfortable by the use of warm water. This treatment will be found most beneficial in the ophthalmia, *unaccompanied by supra or circum-orbital pain*, such as is confined to the conjunctiva and the Meibomian follicles. This form comes on suddenly with itchiness and stiffness as though sand or grit filled the eye, the lid is swollen, their conjunctiva darkish-red colored and flabby; the eyeball traversed by a network of dark-red vessels which move under pressure.

In simple forms the disease is restricted to the angles of the lid and adjacent conjunctiva, but soon it extends, the sub-conjunctival areolar tissue becomes infiltrated forming a raised ledge around the cornea termed chemosis. If chemosis remains two or three days the cornea will begin to inflame and ultimately slough, allowing the iris to protrude, more or less destroying vision. Lachrymation is at first increased but finally becomes muco purulent. Towards night the symptoms increase in severity, photophobia marked, much fever and pain, with weight in region of frontal sinuses and lachrymal ducts. In such cases give Dover's powder, which will frequently cut short the attack. In ordinary cases give bark and ammonia, and if in a low damp locality, we may use quinine. Local applications should be restricted to warm water or at most poppy head fomentations, to the exclusion of all local remedies of a stimulating or astringent nature. Relieve gastric complications by mild aperients; especially where there is chemosis of conjunctiva in corneal complication. In such cases much mischief results from local or general bleeding, violent purgation and local astringents and stimulants. Give these cases, bark, ammonia or quinine, with or without opium according to the amount of pain; with warm and soothing applications, and an occasional mild alterative aperient.

Subcutaneous Injections of Morphia.

At a recent meeting of the Bath and Bristol Branch of the British Medical Association (May 18, 1865.) the *British Medical Journal* says, that Mr. H. W. Freeman submitted an essay upon this subject, from which we condense the following for the especial benefit of a number of our correspondents who desire information in reference to subcutaneous injections. In the endowed ward for cancer in the Middlesex Hospital, Mr. Freeman, says that it alone has stood against all other classes of remedies as the great reliever of pain. The most convenient syringe for the purpose is made by Coxeter, and is graduated into six minims of the solution, which contains one grain of morphia dissolved in acetic acid, and the excess of acid then neutralized with liquor potassæ. The physiological action is the same essentially, although not quite identically, as when the morphia is taken by the stomach. Its effects, however, are more marked and increased in intensity when used hypodermically, one-third of a

grain acting as powerfully as one grain taken by the mouth, and much more rapidly. As with opium, the action appears to be modified by age, habit, temperament, and idiosyncracy, the tendency always being to rapid alleviation of suffering, to stupor and to sleep. The stimulating stage, although brief, is marked, the patient first experiencing a sensation of slight vertigo and of approaching intoxication—then follow its calmative effects, and something approaching insensibility.

In one case of cancer of the pylorus—forty or fifty minims of the solution of acetate of morphia have been given, and repeated at intervals without relieving pain or producing sleep. Since adopting the subcutaneous mode, her appetite, before much impaired, has much improved; the nausea and vomiting have been considerably relieved; and, after the narcotic action of the morphia, she rarely, if ever, complains of headache, constipation, nausea, sweating, or dryness of fauces.

In *neuralgia* it has been urged that its action is transient, its power non-curative, generating nausea, and sickness, and producing a deplorable state of system, worse than the original mischief. A portion of this might hold true in some individual cases: the same exception might be taken to the general class of narcotics; but the writer says it does not always practically occur. In cases given where the pain was purely neuralgic, uncomplicated with organic disease or reflected irritation, the most satisfactory results followed these injections.

In ophthalmic surgery, subcutaneous injections of morphia have been found invaluable, especially in neuralgia of the eye. Von Gräfe considers the use of atropia injected subcutaneously as very limited in relieving pain, or dilating the pupil unless the eye will not tolerate its presence.

Use of Stimulants in the Treatment of Fever.

In the *Dublin Medical Press*, June 14, 1865, is a paper by Dr. Henry Kennedy, with this title from which we present the following as containing some apparently valuable suggestions, which our readers will not overlook.

As it would not be possible to consider here all the class of agents known as stimulants, I shall confine myself to two or three. And first amongst these may be placed wine and beef-tea, though the latter be not, strictly speaking, a stimulant, but which I constantly hear spoken of as if they were the same, and that where the one was used the other ought to be given with it. In a large number of cases of fever, however, they cannot be given together with advantage; and, paradoxical as it may seem, wine, in my experience, causes infinitely less risk than beef-tea, and here it is, the principle I wish to elucidate is clearly seen, for the composition of these two fluids, it need scarcely be observed, is very different. In beef-tea, the quantity of fibrine, gelatine, etc., is considerable, and in proportion with the strength of the fluid. In wine, on the contrary, it is in very minute quantity; and besides, the latter has in addition most, if not all, the elements which enter into the formation of our frames. Of these. I might mention the alkalies and alkaline earths, fatty matter, sugar, albumen, traces of iron, malic, citric, and tannic acids, and all these again combined with more or less of a direct stimulant, in the shape of alcohol. Really, if with a knowledge of the component parts of our bodies, we then set about making a fluid suitable to a wasting sickness, it must necessarily have a composition like that of wine, which, it may be almost said, Nature has given us freely. Besides, too, all experience has proved its sustaining powers, for there can be no doubt that life will be supported by it for an almost unlimited period, and it is a positive fact that it will be taken often when all other kinds of food will be refused.

Prolongation of Anæsthesia by Subcutaneous Injection of Morphia.

Some time ago we merely noticed the fact mentioned in one of our French exchanges, that it had been ascertained that the hypodermic injection of morphia in *third* and *half* grain quantities, would prolong anæsthesia from chloroform if used before the patient becomes sensible to external impressions. Mr. H. W. Freeman, of Bath, in the *British Medical Journal* says, that it is a year ago since the *Versailles Medical Society* first published their interesting researches on this subject of prolongation of anæsthesia. 1. Their conclusions went to show that five to ten *centigrammes* of morphia injected alone without chloroform produced a kind of intoxication, going on to torpor, but not giving rise to insensibility, properly so called. 2. Salt of morphia injected during the anæsthesia of chloroform prolonged its duration in proportion to the quantity employed. 3. Although the experiments were performed on dogs, yet it might be used without danger on man, more especially when the duration of an operation gives rise to fears in continuing the anæsthesia by means of chloroform. Three months ago, a second series of experiments, made on dogs, went to support the surgical view, which was quite correct, and to show that injection might be employed without risk.

For upwards of two years past, all capital operations at the Middlesex Hospital have been treated in this way. All the amputations, ovariotomies, herniotomies, for the most part, have received from a third to half a grain of morphia subcutaneously immediately after the operation, and in the majority with good effect; and modern surgery knows how valuable it is in a practical point of view, to calm the nervous agitation of patients after operation, to lessen shock, to procure sleep, and, more especially in ovariotomies and herniotomies, to keep the stomach in a state of physiological rest for some hours afterwards. In the latter two classes of operation, nothing seems to do so well. Nausea might be induced; but whether from shock, chloroform, or morphia, is, perhaps, not quite clear; but, judging from the usual phenomena, it would be fair therapeutically to assume that most probably it arose from the effects of the chloroform, seeing that the after-injection of morphia entailed no such symptoms.

Scanzoni lauds it in the puerperal stage, especially in puerperal convulsions. As with other

remedies so with subcutaneous injections—the dose requires to be gradually increased as its use becomes habitual.

It might seem probable, that the frequent introduction of the perforating tube of the syringe into the cellular tissue would cause abscess or erysipelas; but, cautiously applied, although the surface be tender, yet he has never seen either abscess or inflammation supervening.

Mr. Freeman, has so far never known harm produced by the cautious use of this remedy—while at the same time he has witnessed results of the most satisfactory nature in tetanus, delirium tremens and mania, more especially in carcinoma of the uterus or stomach, where it instantly relieved the pain.

Transmission of Syphilis by Vaccination.

The Paris correspondent of the *London Lancet* says that the last two sittings of the Academy of Medicine have been almost exclusively taken up by two lengthy dissertations on the transmission of syphilis by vaccination: the first by M. Bousquet; the second by M. Depaul, the author of the report which has given rise to the discussion, and who, after having answered his numerous adversaries, summed up the debate and concluded it. As the remarks are of such interest, we beg our readers' indulgence for inserting them as reported. M. Bousquet mentioned the difficulties which vaccination encountered at the very beginning of its introduction into England and France. Its adversaries had accused it not only of inefficiency to prevent small-pox, but of introducing into the system contagious diseases, and particularly syphilis; and yet, notwithstanding this accusation, (supported by no positive facts,) the practice of vaccination had triumphed and extended itself everywhere. It had flourished for more than [half] a century, and it must now meet with its most terrible attack from M. Depaul, who is himself Director of Vaccine at the Academy. *Strange to say, not a single example of this vaccinal transmission of syphilis had ever fallen under the notice of those who were the best situated to observe.* M. Husson, his predecessor, had never seen a single case; he (M. Bousquet) had never seen any; M. Depaul himself had never seen any, and probably never would see one. Syphilis produced by vaccination was unknown in the army. Annual reports were made and preserved by the military surgeons in the different hospitals; M Larrey had carefully examined them, and had not found a single case. It was true that with M. Bouvier such official statements were of little value. It would be insinuated that as public vaccinators do not follow the cases and witness their consequences, their authority can be of little weight. But that insinuation was groundless; for if children when thus vaccinated were withdrawn from the notice to public officers, those children had anxious parents, who would hasten to bring them back whenever they observed anything abnormal. M. Bousquet had thus frequently seen children brought back with erysipelas, phlegmon, or eruptions of the skin; but with syphilitic accidents, never! Three or four times only during a career of more than thirty years had children been presented to him who were suspected of being infected with syphilis. Confident in the authority of the masters, he had vaccinated those children, he had taken from them the vaccine matter and employed it on others, and he had never had cause to repent his confidence and his temerity. If between two children—the one healthy, the other infected with syphilis—we unhesitatingly take the vaccine matter from the former, it was from instinct and not reflection. Strange indeed, that such men as Gregory, Husson, and Heim of Stuttgard, had never observed a single case, and that such a discovery should be made by those who only occasionally vaccinate: it was not a reason for declining their testimony, but it was one for asking for additional evidence. *Experienta fallax:* never had Hippocrates uttered a greater truth. By experience he meant the observation of nature. Such observation was indispensable—nay, was the foundation of our knowledge in all branches of science. But there were facts upon facts, and these must be controlled. He heard it every day said that nothing was more inflexible, more *brutal*, than a fact; *he* would say that nothing was more supple, more accommodating. With a little skill, facts could be made to prove anything; they had been advanced in support of every medical scheme, from Thenuson to Broussais; they authorized all practices, even the most contrary and the most ridiculous. But when had this vaccinal syphilis taken birth? M. Depaul says in 1824, and he brings it down to the present day, thus coursing through a period of forty years. It had therefore been necessary to condensate more than forty years' observation, and to search for those cases which constitute such a rare exception in Italy and Germany. They could easily be counted. But why did they give so little confidence? Was it because the first example of such transmission had taken a whole century to produce itself? Was it because the examples were so rare that they were lost amidst the mass of contrary evidence? Was it because those who observed them were without any authority? He would not do them this injury. No, it was because syphilis issuing di ectly or indirectly from cow-pox seemed to be something monstrous and unheard of. Such an idea was contrary to good sense and the most elementary notions of pathology. Virulent diseases could only be perpetuated by generation; and if there were some which seem to be self-created or to take birth under the influence of general causes, such as typhus and malignant pustule, it was certain that, when once formed, they created new germs, which reproduced them, just like plants and animals. Each virus had its peculiar constitution; it could be destroyed, but could not be transformed. And thus we see in the same patient the vaccinal virus and the variolic virus progress side by side, each retaining its peculiar form. Had ever vaccine matter taken from a small-pox patient given the small-pox, and *vice versa?* And yet there is an undeniable degree of relationship between vaccinia and small-pox. The orator said that it was in the name of such principles, which he held as certain, that he declared the transmission of syphilis by vaccination, if not impossible, at least extremely improbable. But

how could the vaccine matter transmit syphilis? Does it become syphilized in a person affected with syphilis, so as to unite two natures in one, and to reproduce the two species when inoculated? Or else, are the two poisons secreted at the same time in the same pustule, and by the same membrane? And are they so combined that it is impossible for the lancet to take one without the other? Or can it be that the vaccine virus preserves itself safe from all infection on whatever patient it may be inoculated—scrofulous, syphilitic, etc.? Not one of these hypotheses was admissable. Neither would M. Bousquet admit the comparison which had been established between the transmission of syphilis by vaccination and the transmission of syphilis by the secondary accidents of that disease. In the one case the operation was performed on a diseased part, itself the product of a disease; condylomata were scarified, syphilitic ulcers incised, etc. In the other case, the operation was performed on a healthy part of the skin; and he could not understand how on pricking a vaccine vesicle, the syphilitic virus could be taken from it. As to the fact itself, divested of all commentary, he knew not what to think. On the one hand he saw facts which were warmly contested; on the other hand there were the most incontestable principles of science. He must therefore remain in doubt—in that philosophical doubt which, free from all engagement, leaves the mind open to truth, from whatever quarter it may proceed.

Mercurials in Pelvic Cellulitis and Iritis.

Prof. Simpson, in his Clinical Lectures on the Diseases of Women, says:

"I must leave the question to yourselves to settle how far you will mercurialize your patients. It is ordinarily laid down, more particularly by English authorities, in regard to the treatment of iritis and of almost every form of acute inflammation, that the administration of mercury should be had recourse to as one of the most essential elements in it; and in the treatment of pelvic cellulitis, I used formerly to have recourse to it in almost every case as a general rule of practice; and I often have recourse to it still, in combination with opium, as in two-grain doses every two hours of the calomel and opium pill of the Pharmacopœia. But I begin more and more to lose faith in its efficacy, for the disease goes on sometimes unchecked even when the mouth is salivated; and I really do not know that we have any certain proof of its power of producing absorption of inflammatory effusions. Ophthalmologists tell us that they can see these effusions beginning to be absorbed in the eye just as the drug begins to exert its constitutional action; but it is assuredly doubtful whether these phenomena stand in the relation of effect and cause, or whether they are not merely coincidences. I have heard Professor John Thompson repeatedly and strongly state that he had occasion to treat forty cases of syphilitic iritis, and having no faith in the reputed power of mercury in the cure of that disease, he treated them without mercury, and succeeded in effecting a cure in all the cases, excepting two, which occurred in the persons of two medical men, who had had the misfortune, in the pursuit of their profession, to get their fingers inoculated with syphilitic poison, and who suffered from iritis along with other secondary affection. These two gentlemen had great faith in the power of mercury, and insisted on having it administered to themselves, and in them alone, out of all the forty cases of iritis, did the disease run an unfavorable course, and end in loss of vision."—*Boston Journal.*

Variola and Vaccinia.

M. Chauveau of Lyons has made a very extensive and valuable series of experiments concerning the relation between small-pox and cow-pox. His conclusions are as follows.

Human small-pox can be inoculated on the ox and the horse with as much certainty as cow-pox. The effects resulting from the inoculation of the two virus differ completely. In the ox, small-pox virus produces only an eruption of very minute papillæ; but cow-pox virus produces a typical vaccinal eruption, with large and characteristic pustules. In the horse, small-pox virus also produces a papular eruption. Vaccine matter, as a rule, preserves the ox and the horse from variola; and variolous matter inoculated on these animals opposes the subsequent development of vaccinia. The variolous matter, when passed from animal to animal, never approaches in character to vaccinia. It remains in the last animal what it was in the first. When this variolous matter from the animal is inoculated in man it produces variola. Taken again from man and inoculated in the horse and the ox, it does not produce either cow-pox or horse-pox. Hence, therefore, notwithstanding the evident links of connexion between variola and vaccinia, in animals as in man, these two affections are yet perfectly independent, and cannot be transformed one into the other. And, consequently, in vaccinating after the method of Thielé or Ceely, we practise the old inoculation, almost always rendered benign through the precaution which is taken to inoculate only the primitive accident, but certainly preserving all its dangers in respect of contagion.

Incisions into the Os Uteri.

Mr. Spencer Wells objects to the operation of incision of the mouth and neck of the womb, as performed by Dr. Marion Sims. In his opinion, the use of the speculum is neither necessary nor desirable in the performance of the operation. "The operation can be much better done with a proper instrument in a second or two by the touch alone, than it can by a complex process of speculum, assistant, hook, scissors, knife, and plugs, as advised by Dr. Sims." Further, he says that there is no necessity to do more than cut through the mucous membrane and the innermost layer of muscular fibres. Mr. Wells holds it "to be not only unnecessary, but dangerous and injurious, to cut into the thick middle layer of muscular fibres." Mr. Wells says he has seen two fatal cases of periuterine abscess after free incision in the practice of others. He is confident that very "free incisions are as unnecessary as they are dangerous."—*British Med. Jour.*

Statistics of Syphilis.

The *British Medical Journal* says:—Dr. Sims, of La Misericorde at Lisbon, gives the following as the results of 216 cases of hereditary syphilis observed by him between January 1858 and February last. Of these, in 27 cases the disease appeared during the first month, in 49 cases during the second, in 56 cases during the third, in 30 cases during the fourth, in 14 cases during the fifth, in 16 during the sixth, in 7 during the seventh, in 2 during the eighth, in 7 during the ninth, in 4 during the eleventh, in 1 during the thirteenth, in 1 during the fourteenth, and in 2 during the eighteenth. These statistics show that the disease may appear at a much later date than is usually supposed.

Treatment of Hydrophobia.

Dr. Buisson, of Paris, proposes a treatment for hydrophobia which reminds us somewhat of the exploded system of Thomson, once very popular in some parts of this country, and which seems just now to be having "a run" in some portions of Europe. His description of his own case certainly has the merit of being graphic.

Dr. Buisson, was lately called in to treat a woman who had been seized with hydrophobia, and in whom the disease had reached its final crisis. Having bled the patient, he wiped his hands with a cloth moistened by the saliva of the dying person. On the forefinger of the right hand he had a trifling wound with the skin broken. He at once perceived his imprudence, but trusting to the method of cure lately discovered by him, he was satisfied with washing in water. "Thinking," says M. Buisson, "that the malady would not declare itself before the fortieth day, and having many patients to visit, I put off taking my vapor baths from one day to another. On the ninth day, being in my closet, I felt all at once a pain in my throat, and yet one more keen in my eyes; my body felt so light that I thought if I jumped I could rise to a prodigious height, or that if I threw myself from the window I should be able to float in the air; the hairs of my head were so sensitive that it seemed to me as if without seeing them I could have counted them; saliva rose continually in my mouth; contact with the external air caused me frightful pain, and I shunned looking at anything bright; I had an incessant longing to run after and bite, not myself, but animals and even objects about me; I drank with difficulty, and may mention that the sight of water tried me more than the pain in my throat; I believe that by shutting the eyes every one with hydrophobia may drink. An attack came on every five minutes, and I observed that the pain began in the forefinger and extended along the nerves of the shoulder. Thinking that my system was only preservative, not curative, in its nature, I took a vapor bath, with the intention, not of healing but of suffocating myself. When the bath was at a heat of 52 degrees centigrade, all the symptoms disappeared as if by enchantment, and I felt none since. I have treated more than eighty persons who have been bitten by animals in a state of madness, and all have been saved by this method." When a person has been bitten by a mad dog, he should be made to take seven of the so-called Russian Vapor baths, from 57 degrees to 63 degrees centigrade hot, one every day, by way of preventive. In case of the malady having distinctly shown itself, the vapor bath should be heated rapidly to 63 degrees. The patient should strictly confine himself to his room until he is quite well. Dr. Buisson mentions some other curious facts. A man in America was bitten by a rattlesnake, about sixteen miles from home. Wishing to die in the bosom of his family, he ran home, went to bed, perspired plentifully, and the wound healed like any simple sore. The bite of the tarantula is cured by dancing, the virus being dissipated by perspiration. If an infant who has been vaccinated is made to take a vapor bath, the vaccination is of no effect.

Uræmic Convulsions.

Dr. D. R. Haldane lays down and supports the following propositions, in the *Edinburgh Medical Journal*, April, 1865. 1. In the present state of our knowledge, we seem justified in believing that the retention of urea is the chief cause of uræmic convulsions; though the effect of this agent is probably aided by individual peculiarities, and by deficient nutrition and consequent irritability of the brain, the result of the hydræmic condition of the blood. 2. It seems probable that the mass of the blood may be increased when deficiency of the urine is not compensated for by augmentation of other secretions, or by the occurrence of dropsy, and that this condition predisposes to apoplectic symptoms. 3. In cases where symptoms of cerebral congestion are present, especially where well marked contraction of the pupil exists, blood-letting is likely to do good. 4. In cases where symptoms of cerebral congestion are absent or all masked, and where dilatation of the pupil exists, blood-letting is likely to be injurious. 5. Chloroform is valuable as a palliative, especially in cases of puerperal convulsions; but when symptoms of cerebral congestion are present, it should not alone be depended on.

Deglutition.

Some important physiological experiments on deglutition have just been made with the auto-laryngoscope by Dr. H. Guinier. In a note communicated to the French Academy, he states that in the process of swallowing, the solid food passes directly upon the surface formed by the contraction of the glottis. In the same manner, liquids employed as gargles were found to remain below the epiglottis, in direct contact with the folds of the intra-laryngeal mucous membrane and the vocal cords. From these experiments it appeared to follow that the simple contraction of the vocal cords is sufficient to oppose the passage of foreign bodies into the trachea. This contraction is automatic, and is produced by reflex action. This, in turn, is due to the sensation caused by the contact of the foreign substance with the membrane lining the regions under the glottis, but more especially under the epiglottis. This membrane, therefore, appears to play the part of a special sensory organ.

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PHILADELPHIA, JULY 22, 1865.

REPORT OF THE PROVOST-MARSHAL GENERAL.

The annual report of the Provost-Marshal General has just been received, and as an appendix thereto we find forty pages occupied with medical statistics of the drafts of 1863 and 1864, including the draft of 1865 as far as completed. Especial attention is asked by General Fry to this portion of the report, and the medical reader will not fail to find in it much that is worthy of his examination and analysis. Statistics are proverbially dry, but in a profession like ours, resting upon facts and not only so, but demanding large aggregation and careful classification, in order to deduce laws, we cannot put too high a value on definite and accurate tables, especially where they present the vital status of the nation. It was fortunate for the medical profession, no less than for the Government, that at the head of the Medical Bureau of the department, we had in Surgeon J. H. Baxter, a man who united the enthusiasm of a true physician to that of an earnest patriot, and one who evidently has been on the alert, to preserve for future reference and guidance, whatever might be of advantage in a medico-military point of view, or whatever might cast any additional light upon the conditions of life and health; of physical capacity and infirmity, as illustrated in the universal Yankee nation.

We have heard much in late years, about the physical inferiority of the American people, but the following table shows that our rejections have varied but little from the proportions in France, Great Britain and Belgium.

Table showing the ratio of exemptions from military service for mental and physical infirmities in the United States, France, Great Britain, and Belgium.

Nations.	Years.	Ratio rejected per 1000 examined.
United States	1863	314.02
	1864*	257.02
France	1831 to 1843	324.4
	1859	317
Great Britain	1832 to 1851, and 1860 to 1862	317.3
Belgium	1851 to 1855	320.6

We have in the Report 22 different tables, giving in many forms an elaborate exhibit of facts, which will be of service to the war and medical authorities of the land. We think an unnecessary number of these tables were required by the Department, but this in no wise detracts from the credit due for the accuracy and ability with which the instructions have been followed. Our space will permit us only to notice two or three of more general medical significance, while the others we must commend to the careful study of the medical statist.

Table third exhibits the relative causes of over 80,000 rejections, in the course of 255,188 examinations.

Of these, as chronic, the brain has just 1400, epilepsy, 2140, and paralysis, 1044. Acute and organic diseases of the brain, spinal cord, heart, lungs, liver and spleen, have assigned to them 11,573, while confirmed consumption, feebleness of constitution, deficient size of chest, scrofula and constitutional syphilis have about 16,700. 5230 were excused for loss of teeth, while instructions required that those having incipient phthisis should be held. We believe the toothless argument should be greatly modified. 7894 had hernia, showing a less average than continental examinations. From the above causes we have over 46,000, out of the 80,000 exemptions.

Two other tables present in different forms the prevalence of the same diseases and infirmities in different sections, of the country. Mental affections seem more numerous in New England than in the Middle or Western States. There is a remarkable uniformity as to the prevalence of epilepsy in the different sections, and the aggregate of all these diseases of the nervous system is large enough to excite the most earnest inquiry.

The tables showing the classification of disease in the English, French and Belgian armies, exhibit a need of a thorough revision of the whole subject of classification and arrangement. The American military surgeons have had an experience equal in value to all the rest combined, and he who will make it his study to devise such a series of tabular forms, as shall present concisely and accurately such facts, and only such facts as will be of medical and military service, will place his country and his profession under profound obligations.

A study of this Report, in detail, will give some idea of the actual amount of labor performed by Surgeon Baxter, and the Boards of Enrolment of the various Districts. The examination of volunteers, drafted men, substitutes, and those claiming exemption, required skill and accuracy seldom put so severely to the test, in private practice, and we believe the results have been regarded by the War Department and the profession as eminently satisfactory. The head of the Bureau has had a personal eye to the details of the work, and the greatest effort was made to insure fairness and accuracy.

These Boards have seen more of the foibles and frailties of human nature—moral, mental

* Supplementary draft.

and physical—then one need desire to know of this side of immortality, and beyond all other things, have learned how much of disease is the result of direct disregard of the laws of health. If ever a people needed to learn the true philosophy of hygiene, it is the American. The popularity of dirt is enormous. An unhealthy condition of the skin prevails in a large class of the community. Body washing is a very imperfectly preserved relic of Eastern and Roman civilization, and many a respectable suit conceals a skin that knoweth of water mostly by hearsay. How often have we desired that recruits, substitutes, drafted men—farmer boys and all—would turn temporary hydropaths. "Wash and be clean," should be one of the sign-boards rescued from the war, as the property of the Provost-Marshal General's Bureau, and the public bath should render the fulfilment of the order possible.

We hear much about bad surgery, bad practice, etc., but are more than ever satisfied that the bad medical treatment of our nation, consists chiefly in neglect or self-treatment.

It is quite fashionable to talk of doctors as necessary evils, but when thousands are thus presented before us, suffering in so many ways, from ignorance or neglect, and very rarely from any mal-practice in the regular profession, we see more of the glory and honor of our art. It needs to be still more an applied force. We trust the experience of the past four years has awakened, in the minds of an able class of practitioners an interest in public health, which will lead to more intelligent and persistent effort than has hitherto been put forth. This should be a natural result of a review of tables, such as are presented in this Report.

We have aimed to do no more than to draw attention to these statistics, and can but express the hope that the Surgeon in charge of this department will perfect what he has so ably commenced, and establish for the regular army a system of medical statistics, such as will be invaluable as a guide to the judicious choice of soldiers, and such as will be of essential advantage to our profession in their relation to our citizens, whether in peace or in arms.

Sanitary Measures.

We understand that the Russian Government has despatched to this country, Dr. Haurowitz, the private physician of the Grand-Duke Constantine. He has been instructed to make the fullest examination of the sanitary arrangements made during the late rebellion, and report the result of his investigations to the Imperial Government at St. Petersburgh.

Notes and Comments.

Hospital Ship.

The Hospital Ship has been sent to the Lower Quarantine, New York, for the season. It is in charge of Deputy Health-Officer Dr. Walser. The situation is, in many respects, an exceedingly trying one, and the heroism and devotion of Dr. Walser is worthy of honorable mention. To be shut up for two or three months in a ship, exposed not only to the attacks of epidemic and contagious diseases, but to the storms of old ocean, isan instance of that kind of bravery and self-sacrifice which members of our profession give frequent examples of.

The Agassiz Expedtiion.

The Boston *Transcript* contains the following intelligence as to the reception of Professor Agassiz and his party at Rio: "We are glad to learn that Mr. Agassiz and his party arrived safely at Rio de Janeiro on the 22d of April, and were most kindly received. The Emperor sent a boat alongside the Colorado to take the party on shore, and in the evening had a long interview with Mr. Agassiz. The Secretary of the Treasury of Brazil gave orders to have the baggage and instruments of the party passed unopened at the custom-house, and every courtesy was extended to the members of the expedition by the officials of the Brazilian government."

Cholera.

Cholera seems to be advancing westward again from its old haunts in Asia. The mortality from it among the pilgrims to Mecca has been reported as frightful, and its ravages seem to have commenced at Alexandria. The *Trieste Zeitung* of June 26th, says: "During the first few days 4 or 5 to 8 persons died daily, then the deaths rose to 30 to 39, and, on the 17th, 61 fatal cases were reported. An official telegram from Alexandria dated to-day (26th,) estimates the number of deaths hitherto at 1034, the great majority of which belong to the native population. On the 25th, 183 persons died out of a population of 160,000. Large numbers of inhabitants were leaving the town. Arrangements have been made here that persons coming from Alexandria are to be subjected to a week's quarantine, reckoned from the day of arrival. Ships are to be ventilated and fumigated, clothes, furniture, and bedding thoroughly cleaned, and goods and letters exposed to the treatment customary in Italian ports.

Correspondence.

DOMESTIC.

A Case of Hernia Cerebri Successfully Treated.

EDITOR MED. AND SURGICAL REPORTER:

June 2d, 1863. I was called to see John McN., æt. 4, who had fallen from a first-story window, striking his head upon a sharp stone, fracturing the upper and left part of the os frontis, rupturing the membranes, and wounding the tissues of the brain. Pieces of the cranium, the size of a ten-cent piece, were taken out. A triangular piece of window-glass, about half an inch in length, was found imbedded in the brain. The opening in the scalp was partially closed by means of the interrupted suture and adhesive straps. The sutures came away in due time, the straps becoming disarranged, a portion of the brain, about three-fourths of an inch in diameter, protruded and extended seven-eighths of an inch above the surface of the cranium.

The hernia or protruding brain was excised, and a piece of patent lint saturated with lime-water was placed over the orifice, and in immediate contact with the brain. Over this a graduated compress and bandage.

The wound was dressed daily, and the lint kept saturated with the lime-water. The slightly astringent properties of the lime-water produced a contraction of the brain in the apertures of the cranium, and together with the compress, caused it to recede below the surface. The wound in the scalp healed kindly. Little or no pulsation can now be felt. W. H. TRAVER, M. D.

Providence, R. I.

"De gustibus," etc.

[There are other institutions besides the Medical Department of Yale College that may profit by the strictures of our correspondent in the following communication.—ED. MEDICAL AND SURG. REPORTER.]

EDITOR MEDICAL AND SURGICAL REPORTER.

In reading the first paragraph of the Circular of the Medical Institution of Yale College for 1865 and '66,* I was forcibly reminded of the *advertisement* of JOHN SMITH & Co., *Retail* dealers in *Guano and Poudrette*, in these words: "JOHN SMITH having formed a partnership with CHARLES DUSENBERRY for the purpose of dealing in Guano and Poudrette, '*would present to the* public (Profession) *throughout the country, his sincere thanks for the favor and support which they have given him heretofore* (the College), *and would assure them that no future efforts will be spared* (by the firm) *to merit their continued approval.*'"

The paragraph is, to say the least, in bad taste. As a graduate of the Medical Institution of Yale College, I regret to see the Professors of that Institution resort to the *common* mode of advertisement for the purpose of informing the public that they continue the business of lecturing as heretofore. X. Y. Z.

——, *Conn., July*, 1865.

* "The Faculty of the Medical Department of Yale College, in making their annual announcement on this fifty-third year of the existence of the Institution, *would present to the Profession throughout the country their sincere thanks for the favor and support which they have given the College, and would assure them that no future efforts will be spared to merit their continued approval.*"—*Extract from Circular.*

Specialties and Specialists.

[As Dr. Dr. HOMBERGER claims the privilege of replying to our strictures on his report, we give him space for the purpose, without however any intention of opening our columns for a discussion of the general subject.—ED. MED. & SURG. REP.]

EDITOR MED. AND SURGICAL REPORTER:

Your reporter of the doings of the American Medical Association has strangely misunderstood the gist of the report which I made before that body, in reference to "Specialties and Specialists." He represents me as having "*favored advertising by specialists, and argued against such a course by general practitioners.*"

Those who have read the report, and those who are sufficiently interested in the subject to read it, must be convinced that I did neither the one nor the other, but only defended the moral right of specialists, as well as of general practitioners, to further their interests in any manner which they themselves deem consistent with their dignity, and that I tried to prove the impossibility of elevating the character of the profession by ethical laws, as long as its individual members are unable to take care of their dignity without a guide-book of good behavior.

In reference to the editorial remarks of the REPORTER, which attack both my conduct and my motives, without criticising my report, I beg you to publish the following:

1st. I would respectfully take exception to the statement that my report was repudiated by the members of the committee. Those gentlemen refused to sign my report, because it was not in accordance with their convictions, which I honor, while I know that they honor mine. They find the measures I advocate too radical, while I believe in radical means for the purpose of destroying deep-rooted evils.

2d, "The extraordinary plea of the author, that it was not earlier submitted to the other members of the committee, because he did not expect they would endorse it, was unworthy of him, and an insult to the Association."

In answer to this I would state, that insult is impossible where none is meant, and as the members of the committee did *not* sign the report, it is difficult to perceive why I should be blamed for having foreseen this result.

3d. "We very much doubt whether this report reflects the views of the majority of specialists in this country. If it does, it shows plainly that the objections we have heretofore advanced against specialism are well-founded."

Permit me to suggest as to the first of these assertions, (which, I admit, may be correct,) that it is no proof against the validity of the argument of my report, as truth cannot be discovered by the process of voting. As to the second, I think that the arguments which I have advanced, must first be repudiated, to make so sweeping a condemnation at all justifiable.

4th. "We have plenty of general practitioners in the departments of medicine and surgery, who are fully as reliable, in our view, in special practice, as are nine-tenths of the professed specialists. Who ever thought of objecting to Mott or Pancoast operating on the eye, because they were not "eye doctors," or Clark or Da Costa examining the chest, because they were not "consumption doctors."

While fully admitting the truth of the first statement, I would deem it a favor if you would tell me what you think of the capacity of general physicians and surgeons as compared to that of the "tenth-tenth" of specialists, to which I claim to belong, and on whose merits you omit to pass judgment. Your question can only be answered by those who are blind and consumptive, and they, you know, not unfrequently prefer the treatment of specialists.

5th. "We trust that this report will be a warning to the Association not to appoint a man a special committee to make a report, merely because he wishes to be so appointed. Ten chances to one, he has an axe to grind."

I emphatically disclaim ever to have made any effort to be appointed chairman or member of the committee; while of course I cannot find fault with your giving advice to the Association, if your suggestion should not refer to me. And now a last word in regard to your charitable supposition that I intended to "grind an axe" by making a report, such as the one I submitted. If I understand you rightly, my object in reporting you suppose to have been a *personal*, and perhaps a *dishonest* one. It strikes me, however, that it is a queer way to "grind axes" to go against prejudice, or even the ruling spirit of the day, but that a simpler plan would be to flatter, as so many do, the ideas generally prevailing, and to emulate the sentiments of the multitude.

Finally, allow me to state that my report appeared in the July number of the *N. Y. Social Science Review*, and will soon be published, in all probability, in pamphlet form. Those who have not heard it may therefore judge for themselves of the "heresies" which it contains, and learn a new and peculiar way to "grind an axe," by careful perusal. Julius Homberger.

New York, July 11, 1865.

Operation for Stone.

Editor Med. and Surgical Reporter:

In the Reporter of 1st of July, the subscriber has noticed the report of an operation performed by Dr. W. W. Greene, of Pittsfield, Massachusetts, upon a child "less than five years old," consisting in the removal of a stone from its bladder, "weighing thirty-two grains." "The child is quite well."

The report of such operations to your valuable and extensively perused journal should never be neglected, as they are certainly encouraging to the many patients who are suffering from similar causes, and also to the members of the profession, whose imperative duty it is to relieve all sufferers, if it possibly can be done.

The subscriber is acquainted with a man by the name of Mr. Conrad Schwab, living in the borough, of Freemansburgh, Northampton county, Pennsylvania, whose son, eighteen months old, was relieved from severe sufferings by the removal of a stone from his bladder, weighing *six dwts. and twenty grains, or* 166 *grains.*

This operation was performed by Dr. John J. Detweiler, of Easton, Pa., on the 15th day of September, 1859, when the child was but 18 months old. The child is quite well.

July, 1865. W. C. D.

News and Miscellany.

Pension-Examining Surgeon,

Dr. Alexander C. Hart has been appointed a Pension-Surgeon for the city of Philadelphia. His office is located at the northwest corner of Sixth and Spring Garden streets. He is especially assigned the duty of examining all maimed persons claiming pensions.

Surgery *v.* Medicine.

After an experience of fifty years, says Sir Benjamin Brodie in his *Autobiography*, I am confirmed in the opinion that the pursuit of what is called pure surgery, such as it is in large cities, in connection with a hospital and a medical school, is more replete with interest, and, on the

whole, more satisfactory, than any of the other branches into which the *ars mendendi* is divided.

Sickness and Mortality in the United States Army.

Mr. J. Disturnell, of New York, author of the *U. S. Register and Blue Book*, is about to publish, by subscription, an elaborate work on the *Climate of the United States*, showing the cereal productions, the general mortality and healthfulness, the mean temperatures, etc., etc., of the different regions and latitudes, a compilation from the census of 1860, just issued from Washington. It will form a highly valuable compendium and reference for physicians, agriculturists, miners, statesmen, and all others interested in the sanitary, climatic, and productive status of the country and its population. Every intelligent citizen should have a copy in his library. The subscription price is only three dollars.

The following tables, for which we are indebted to the kindness of Mr, D., were compiled by him from the army returns published by the U. S. Senate, and present some idea of the intended publication, of which they will form a part.

Table, showing the comparative annual ratio of *sickness* and *mortality*, per 1000, among the American troops stationed in different parts of the country for a period of 21 years, from Jan. 1839 to Jan. 1860.

Regions.	Ratio per 1000, of mean strength. Treated.	Died.
1. North Atlantic Region—Coast of New England,	1,755	8.8
2. Oregon and Washington—Pacific Coast,	2,302	9.7
3. North Interior—New York, etc.,	1,808	10 9
4. North Interior — Wisconsin, Iowa, Nebraska, etc,	2,265	12.
5. Region of the Great Lakes—Michigan, etc.,	2,183	13.1
6. Middle Interior East—Western Pennsylvania, Ohio, etc.,	3,180	14.9
7. Middle Atlantic — Maryland and Virginia,	2,232	16.8
8. Southern California,	2,105	18.
9. New Mexico,	2,590	18.5
10. Texas, Western Frontier,	3,063	19.6
11. South Interior—Arkansas, etc.,	3,354	22.
12. Middle Interior, West Missouri, etc.,	2,622	22.4
13. Atlantic Coast of Florida,	3,515	24.
14. Northern California,	2,784	25.6
15. South Atlantic — North and South Carolina,	2,658	27.3
16. Interior and Gulf Coast of Florida,	4,902	30.2
17. South Interior—Alabama and Louisiana,	2,989	40.5
18. Texas, Southern Frontier,	3,580	49.6

Note. From the above reliable data, gathered from the "*Medical Statistics of the United States Army*," it appears that the annual mortality of the troops is about three times greater on the Atlantic coast of Florida, and on the southern frontier of Texas six times larger, than on the Atlantic coast of New England, extending from Eastport to New London, Connecticut.

Table, showing the comparative annual mortality per 1000, among the British troops stationed in different parts of the world.

Regions	Ratio per 1000.
1. Australia, (Southern Hemisphere,)	14
2. Cape of Good Hope, Africa,	15
3. Canada, (Northern Hemisphere,)	20
4. Gibraltar, " " "	22
5. Ionian Isles, " " "	28
6. Mauritus, (Southern " "	30
7. Bermuda, (Northern " "	33
8. St. Helena, (Southern "	35
9. Madras, (Northern " "	52
10. Bombay, " " "	55
11. Ceylon, " " "	57
12. Bengal, " " "	63
13. Jamaica, W. I., (North'n Hemisphere,	143
14. Bahamas, W. I., " "	200

From a careful examination of American and English authorities, in regard to sickness and mortality in the respective armies of the two countries, it seems that West Point, N. Y., in north latitude 41 deg., 23 min.; mean annual temperatare, 50 degrees, Fahrenheit, is the healthiest military post on record, only *four*, out of one thousand, dying annually.

The region between the equator and the parallel of 37 deg. north, embracing the shores of the Caribbean Sea, the Gulf of Mexico, and the Atlantic coast, including portions of Florida, Georgia, and the Carolinas, with all the West India Islands, is the true domain of the yellow fever in North America.

Table, exhibiting the annual rate of sickness and mortality in the Army of the United States.

years.	Ratio per 1000. Treated.	Died.	years.	Ratio per 1000. Treated.	Died.
1840	2.784	25	1851	2.735	32
1841	3.849	40	1852	2.800	25
1842	3.243	30	1853	2.959	28
1843	2 719	16	1854	3.088	32
1844	2.448	11	1855	3.281	33
1845	2.619	9	1856	3.209	25
1846	2.938	27	1857	2.817	14
1849*	3.062	80	1858	2.632	14
1850	2.684	34	1859	2.360	16
			Average Total,	2.886	26

* 1847, 1848, War with Mexico, omitted.

Note Taking.

Sir Benjamin Brodie says it was from his friend Jeffreys that he first learned the importance of keeping written notes of cases. All his life he kept notes. At the bedside of patients he jotted down a few memoranda, which he afterward expanded in the evening; and his notes of cases thus kept for half a century, now form many quarto volumes. He did not find that the habit of committing his observations to writing weakened his memory, but rather that it strengthened it; and in the most strenuous terms he insists that no one can become thoroughly well acquainted with his profession, either as a physician or as a surgeon, who has not studied it in that manner. He has always tried to impress this fact on his pupils, and has often lamented that only a small proportion of them would follow his advice.—*Brit. Med. Journal.*

Dr. Henry Southey,

A brother of the poet, has lately died in London, aged 82. He was a fellow of various societies, and a leading medical authority, especially on subjects connected with lunacy. He had been a physician in ordinary to George IV, and physician to the London Hospital, holding also the appointment for many years of Graham Professor of Medicine, which is now vacant by his death. Dr. Southey was the author of various medical works, of which one of the most important was on "Pulmonary Consumption."

Dr. Felix Robertson,

The first white male child born in Nashville, died in that city on the 9th, at the age of 84. He was the sixth child of Col. James Robertson, the pioneer of the Cumberland settlement. The settlers arrived there during the winter of 1779–80, and the deceased was born on the 11th day of January, 1781. He studied medicine, and became an excellent physician. He introduced the use of quinine into that section of country, and was repeatedly elected President of the Tennessee Medical Society. He was a prominent politician in former days, and a warm friend of Andrew Jackson.

Relaxation of the Pelvic Articulations after Labor.

Difficulty of locomotion coming on after parturition has been several times noticed, especially by French writers. It is liable to lead to the idea that the patient is suffering from spinal or uterine disease. But when it occurs in women who have been recently delivered, the practitioner should bear in mind the possibility of its arising from relaxation of the articulations of the pelvis. By palpation and pressure over the sacro-iliac synchondroses and over the pubic symphysis, pain is produced; and the point of the finger can often, in the latter situation, be introduced between the bones. M. Trousseau, in a clinical lecture on the subject, recognizes the value of rest, topical astringents, and tonics; but he urges especially the necessity of applying a firm bandage so as to embrace not only the bones of the pelvis, but the trochanters of the thigh-bones.—*L'Union Méd.*

MARRIED.

Dodson—Skinner.—June 21st, by Rev. W. B. Gregg, Dr. Robert A. Dodson, Surgeon of the First Maryland Cavalry, and Miss Louisa Jane Skinner, of Kent Island, Md.

DIED.

Barker.—In the village of Jamaica, L. I., on Monday, the 10th inst., Lydia Stewart, wife of Dr. Charles H. Barker, and youngest daughter of the Rev. Gilbert H. Sayers, D. D.

Evans.—In Templeville, Md., May 6th, Wm. Ashton Evans, M. D., aged about 30 years.

Hopkinson.—On the 11th instant, at Mower Hospital, Chesnut Hill, Philadelphia, Dr. Joseph Hopkinson, Surgeon in charge.

Wilson.—In this city, on Sunday morning, 9th inst., Dr. James Henry Wilson, in the 47th year of his age.

OBITUARY.

Joseph Hopkinson, M. D., U. S. V.

Mower U. S. A. General Hospital, Chestnut Hill, *Philadelphia*, July 12th, 1865.

At a meeting of the Medical Officers of the Mower U. S. A. General Hospital, held July 12th, 1865, to express their sorrow at the death of their commanding officer, Surgeon J. Hopkinson, the following resolutions were unanimously adopted:

Resolved, That in the death of Surgeon Jos. Hopkinson, U. S. V., the country has lost a valuable servant, society a distinguished member, and those associated with him a tried and valued friend.

Resolved, That in the management of the Mower U. S. A. General Hospital, which he has commanded since its opening, he has shown talent of the highest order as an administrative officer, and won a reputation which will ever associate his name with the history of the war.

Resolved, That we tender to the family of the deceased our warmest sympathies for the bereavement they have suffered, and assure them that we sincerely mourn with them in their great affliction.

Resolved, That the members of the staff wear the usual badge of mourning for thirty days, and that they attend the funeral in a body; also, that all who have been members of the staff be invited to join with them.

Resolved, That a copy of these resolutions be forwarded to the family of the deceased, and that they be published.

C. WAGNER, Assist. Surg., U. S. A., commanding Mower U. S. A. Gen. Hospital, President.

Q. M. McGrath, A. A. Surg., U. S. A., Executive Officer, Secretary.

A. L. Gibbs, A. A. Surg., U. S. A.,
W. Scott Hendrie, A. A. Surg., U. S. A.,
Geo. W. Foggo, A. A. Surg., U. S. A.,
Committee on Resolutions.

ANSWERS TO CORRRESPONDENTS.

Dr. P. L. G., Thompsontown, Pa.—A Suspensory Truss, sent by mail, July 12th.

Dr. P. R. W., Selin's Grove, Pa.—History of American Medical Association, sent by mail, July 15th.

Dr. B. D., Brownsville, Texas.—Surgeon's Manual, sent by mail, July 15th.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64, Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers*, of No. 414, Feb. 4, 1865.

JULY 29, 1865

THE

MEDICAL AND SURGICAL REPORTER.

No. 439.] PHILADELPHIA, JULY 29, 1865. [Vol. XIII.—No. 5.

Original Department.

Communications.

PATHOLOGY AND TREATMENT OF ULCERATIVE INFLAMMATION OF THE SPINE.

Certain Errors in regard to the Pathology and Treatment of Ulcerative Inflammation of the Spine, commonly called "Pott's Disease."

By Benjamin Lee, M. D.,

Of Philadelphia.

Read before the Medical Society of the State of Pennsylvania, at its sessions at Altoona, June, 1865.

I have been led to prepare this paper by the frequency with which, in the past two years—during which time I have been devoting myself more especially to the study of diseases of the spine and spinal cord—I have seen the integuments of the back seamed and scored and furrowed by the scars of the seton, the issue, the moxa, and the cautery; and the regularity with which these appearances have been accompanied by serious, generally irremediable deformity, has been remarkable. The question gradually forced itself upon me—Is this treatment, painful in its application, and exhausting in its operation, sustained by the test of experience or founded on the basis of reason? The numbers of unfortunates whom I saw, who bore unmistakable traces of having fully tested the benefits of this mode, and in whom the disease was still unchecked, or checked only because the deformity had reached its natural limit before the patient had succumbed to its deadly power, gave a sadly eloquent negative to the first clause of the question. Let us briefly consider the second.

If we ask one set of practitioners what is the theory which leads them to adhere to a plan of treatment for the efficacy of which results tell so poorly, we shall be answered that this disease consists essentially in a strumous or tubercular deposit in the substance of the vertebra, and that they rely on this process of counter-irritation and derivation to prevent this deposition if it has not already occurred, or to remove it if it has. As regards the first of these suppositions, I have only to say that I have seen but one case in which the disease had been recognized before a projection of one or more spinous processes had occurred. This projection can have but one cause, viz., destruction of the vertebral substance, (if the disease be supposed always to originate in the osseous tissue,) and this loss of substance presupposes the previous deposition and softening of the tubercle. As far as prevention goes, then, we may safely consider the treatment as chimerical, the opportunity almost never presenting for its trial; although, even if it did, it is difficult to see in what way this irritative ulceration of dermis and areolar tissue could avert the blow which a vice of the constitution was aiming at the centre of a subjacent bone. How then is it proposed to eliminate this noxious material? Is it to be bodily extracted through the protruding orifice in the skin? Is the theory with which a female hydropathic practitioner once startled and confounded me when I found fault with her terribly critical eruptions—"that the stuff is in there and must come out,"—relied upon? Or is a part whose vitality was already so low that it could not resist the encroachments of this destructive stranger, to be strengthened and energized to expel it by exhausting the vigor of contiguous but utterly dissimilar tissues? Does any practitioner now-a-days attempt to drag out the monster from his lair, by applying setons or issues over the chest in pulmonary phthisis, or over the abdomen in tubercular disease of the intestinal canal? Is not our aim rather, by husbanding every particle of the patient's vital energy, by providing food easy of digestion and assimilation, by surrounding him with favorable hygienic influences, and removing irritating causes, so to modify and improve the processes of nutrition generally, and hence locally, as to enable the region affected to assert its inviolability, and render the intruder innocuous? Why then should those who believe in the tubercular essentiality of the disease in question adopt this singular mode of attack in this instance alone?

But there are those who deny this essentiality—who say that caries of the spine does not necessarily presuppose a vice of the constitution—who claim, on the contrary, that in the vast majority

of cases it is the result of local injury, sometimes, it is true, aided and aggravated by a defective condition of the nutrition at the time of its receipt, but yet primarily traumatic in its origin—the local irritation *inducing* the cachexia, and not dependant upon or resulting from it. That a circumscribed focus of irritation, the result of external injury, is fully capable of inducing a purely cachectic condition even in the most robust individual, what one of our army surgeons, who has before his mind's eye the sad scenes of the past four years, doubts? Indeed, our most reliable recent authorities go so far as to question the possibility of the existence of tubercular deposits in bone. Mr. Barwell, in his "Treatise on Diseases of the Joints," says, (p. 231,) "Tuberculous deposit in bone is, I believe, very rare; when it does occur, it is a *result* and not a *cause* of osteitis." He continues—"Dr. Cornelius Black has published some observations on what he terms "tuberculous bone," but he has described under that name what I believe to be filling of the cancelli by granulations from their lining membrane, the gradual thinning of their walls and enlargement of their cavities, with just that sort of generation of bone which we find in a not very far advanced degree of caries. There is no proof that the material which he found stuffing the cancellous cavities was tubercle. Mr. P. C. Price, in his little pamphlet on 'Excision of the Knees,' refuses to discuss the tuberculous or non-tuberculous nature of deposit in spongy bone; but he assumes a peculiar nature for the deposit under the character of a morbid material which partakes more or less of the nature of struma, as developed in other localities of the body." In chapter V., of the present work, was discussed the mode in which tubercle was formed from granulation, and it is unnecessary to go over exactly the same ground in the present instance. We must however mention the undoubted fact that many an old and disiccated purulent deposit in bone has been mistaken for tubercle; the position in spongy bone which favors pressure, the assumption therefore of a peculiar form by the dried concretion, and the fact that such pus consists of broken down and disintegrated cells with granules, etc., render the distinction extremely difficult. I must confess that I could accept no case as undoubted tuberculosis of bone unless some of the deposit was in a state of crudity. It must be remembered that when we find tubercles in other organs, even though most of the material may be in the farthest advanced stage of softening, some will very nearly always be crude; but I am not aware of any observations of crude tubercles in bone."

Some of the most eminent German pathological histologists even go so far as to deny altogether the existence of such an element as a specific tubercle cell, declaring that inflammation is capable, unaided, of producing all the morbid formations generally considered characteristic of the tubercular degeneration. Without following them into their very free discussion, let me call attention to the remarks of Dr. Bauer, of Brooklyn, on this point, as more especially affecting the disease in question. In the course of his "Lectures on Orthopœdic Surgery," lately published in the Medical and Surgical Reporter," he holds the following language: "Before closing the chapter on the causation of posterior deformity, we propose to offer a few remarks on the constitutional causes of this difficulty. In every hand-book of surgery, scrofulosis is generally charged with the mischief. Now, gentlemen, it would be folly on our part to deny *in toto* such constitutional causes that derive their existence from bad hygiene and deranged nutrition. We acknowledge them to the extent of their reality, but consider it equally unjustifiable to enlarge their part in the disease by hypothesis or arbitrary adjustment, as is so frequently done. If we can clearly establish other plausible causes of the trouble, why should we recur to a strumous diathesis? A healthy child may meet with an accident; deformity of the spine may ensue in an insidious way; the constitution becomes necessarily infringed; the patient anemic and attenuated from pain, want of rest and appetite. Thus we have the ordinary effects from ordinary causes, as we can observe them in daily pursuit of our vocation, a clear case throughout." Further on he says: "As a general thing the deformity has existed for some time; has considerably advanced, and has already made some impressions upon the constitution of the patient when your attention is invited. The apparent absence of all external causation, and the constitutional derangement along with the curvature, have misled so many authors to presume the pre-existence of dyscrasia, or, as it is called, a strumous diathesis. These suppositions, we opine, are utterly devoid of foundation. Careful and patient investigation will mostly discover the fallacy."

For myself I base my conviction that the disease is generally of the nature of a simple inflammation, often the result of external violence, upon one single fact, viz., the results of appropriate treatment. It is evident, as before remarked, that the mere presence of a tubercular deposit in the body of a vertebra is not of itself capable of producing deformity. To effect this result the

tubercular mass must have begun to soften, the hard lamella of the outer surface must have been broken down and dissolved. In other words, the tubercle is not encysted and undergoing the innocuous calcarization, but is passing into its second stage of destructive degeneration. Now is it possible to conceive that a mere mechanical relief from pressure and concussion at the seat of this actively and essentially destructive process, constantly stimulated as it is by a *vis a tergo*, the vice of the constitution, which not only shut out the advance guard of the disease, but with every pulsation of the heart is hurrying up reinforcements,—is it possible, I say, to conceive that the simple relief of pressure and mechanical irritation at this point, without the slightest attempt to combat the constitutional taint by general medication, could cause an abrupt cessation of the immediate suffering, or rapid abatement of all the general constitutional symptoms, the complete disappearance of the cachectic diathesis, and final restoration to health? And yet this result I have seen over and over again, in every stage and every type of the disease. I cannot then bring myself to accept the generally received opinion that caries of the vertebræ originates in tubercular deposit, or even necessarily in any so-called diathesis.

Following a similar train of reasoning, Dr. Lewis A. Sayre, Prof. of Orthopœdic Surgery in Bellevue Hospital Medical College, New York, whose experience on the subject of which he is treating is probably as wide as that of any man in the country, says of the cognate affection, *morbus coxarius*, "The nature and causes of this disease have been of late years a matter of much discussion with the profession, the great majority regarding the disease as connected by necessity with, and originating in and from, the strumous diathesis; that scrofula and hereditary syphilis are the nidus whence alone this disease can arise. But this is a decidedly erroneous view of the truth; a view that is being rapidly dissipated by constantly developing facts.

"That *morbus coxarius* may arise in children whose constitutions have been vitiated by the sins of their ancestors, no one will attempt to deny; for such children are evidently more liable to the disease than those who stand upon a firmer constitutional basis. But that *morbus coxarius* may arise in a child whose constitution is uncontaminated by hereditary taint, and who is perfectly healthy, the observations of every day fully substantiate. I believe that many have attributed the source of this disease to a strumous origin, simply from the *appearance* of the patient, whose emaciated spanœmic condition is regarded as the *cause*, when it is in reality the *result* of the disease.

"I have seen children of perfectly healthy constitutions, in whom the disease arose from an evident traumatic cause, so reduced in the course of a few months by the pain and sleeplessness attending the disease, as to present in a very marked degree appearances which strongly simulate the strumous cachexia. And I have seen robust health and the ruddy cheek restored to these same children by timely surgical aid, together with proper constitutional treatment." After enumerating some of the direct causes of the affection he says: "What I wish to establish is this—that, although the disease in different individuals arises from very different causes, *yet it never arises in any individual from a purely idiopathic or constitutional cause.*"

To be continued.

REMITTENT FEVER.

By George Cowan, M. D.,

Of Danville, Kentucky.

I have been observing for some time past, (about three years,) a species of disease I have diagnosed and treated as remittent fever, of which I thought I would submit you a few rough notes. It usually prevails here as an endemic in the spring, or rather immediately after the opening of settled warm weather, and after the occurrence of heavy rains. Our season of spring-time has for several years been ushered in by *very long* and *unusually* large falls of rain. The small streams have every time washed off fencing and bridges, which were formerly above all the old high-water marks. At the termination of the wet weather we have the first warm days of spring, and in a few days after, the disease commences, usually with the prodromes of fever. First a chill, then severe general headache—no particular region complained of. The febrile symptoms are vaguely defined, however in most of the cases; the skin is nearly natural as to temperature during the first part of the twenty-four hours, and the pulse weak and varying in rapidity from 100 to 130. By the middle of the day, however, a very *slight increase occurs*, both in the rapidity of the circulation and heat of skin. The usual loss of appetite and thirst are also observed. In half a day, or twenty-four hours at the furthest, however, the most marked symptom of the case is to be observed. The stomach becomes most distressingly and intensely irritable, the pulse smaller, weaker, and more rapid, and continues so sometimes until a severe attack of acute

gastritis will ensue, if the disease is not arrested. Indeed, from the beginning in some cases there is *obstinate* and *persistent* vomiting, and by the time a physician is called in to see them, all his energies have to be directed to control it. At first, not having recognised its malarious origin, I addressed my remedies simply to the task of controlling this one feature of the disease, but was invariably early foiled, the stomach *soon* be coming intolerant of the blandest food or the mildest medicines.

I soon discovered my mistake, and began the use of enemas of quinine and opium in large doses with the happiest results; always—with the exception of one case, which proved fatal from acute gastritis—giving marked relief as soon as quininism was to the slightest degree attained. The same localities only are subject yearly to this disease, and from the topography of the country, taken with the meteorological condition of the season, the conclusion I think inevitable, (and the results of the treatment strengthen it also,) that the endemic is of malarious origin altogether, spending primarily its force upon the great sympathetic, and secondarily upon the stomach, more than an any other organ. Is it cerebro-spinal meningitis? I, for one, "can't see it." But others do—doctors learned and good.

ON DISEASES OF THE INTERNAL EAR.

By Laurence Turnbull, M.D.,

Aural Surgeon to Howard Hospital, Philadelphia.

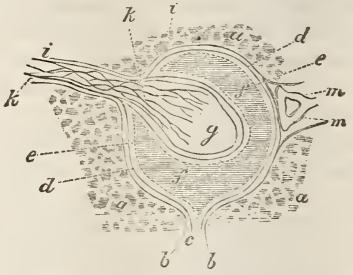
(Continued from Vol. xii., page 524.)

The Histological Relations of the Various Structures of the Labyrinth.*

The terminal extensions of the ramus cochleæ and the ramus vestibuli have been made the subject, at an early period of microscopical investigations of high authorities, such as Corti, Köllicker, Claudius, Böttcher, and others, who have given especial attention to the subject, and Max Schulze, who has given the latest discoveries in Müller's *Archives*, No. 4, 1858.

Although the researches are not yet terminated, yet it appears to be settled that the R. cochleæ contains ganglion cells in its course between the zonula ossea, whilst none have been shown in the R. vestibuli, and also that neither ends in free extremities, but in peculiar epithelial elements, which are surrounded by water, and form vibrating mediums for the ends of the nerves, and in this manner convey the sound vibrations from the water to the nerves. For the sake of diagnosis, I will give a simplified representation of these relations in a diagram, (Fig. 1,) but I must refer to special monographs for more extended information concerning the histology.

Fig. 1.

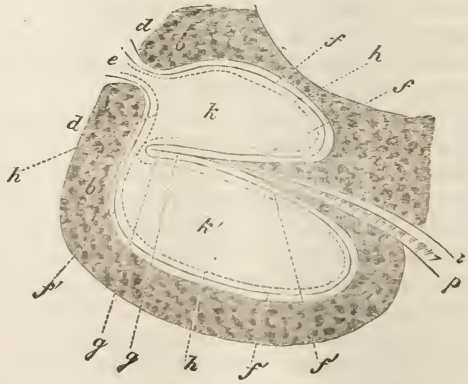


In the petrous portion of the temporal bone *aaa*, there is a cavity *ff*, filled with water, viz., the labyrinth water, surrounded on all sides with bone, except anteriorly toward the tympanum, where it is bounded by a membrane (the membr. fenest. ovalis) with which a moveable bone (the stirrup) is in contact. In the water of this cavity floats a second membranous bladder (*g*) filled with water and sand, on the commencement of which branches out the auditory nerve (*i*) accompanied by the auditory artery (*k*). The outer periosteum of the bone (*bb*) penetrates into the cavity through a closed opening (*c*) (the aqueduct) and lines its walls, as well as the membranous bladder as an inner periosteum (*dd*) covered with a special epithelial structure (*ee*).

The membranous bladder represents the little bulbs (!) of the vesibule and the ampullæ of the membranous semi-circular canals, and is to be considered as merely a means of spreading out the nervous structure.

We will give a similar diagram of the histological relations of the cochlea in Fig. 2, *aa* repre-

Fig. 2



sents a portion of the bony walls of the modiolus of the cochlea; *bb* the surface of the cochlea.

* From Erhard.—Rationelle Otiatrik nach Klinischen Beobachtungen bearbeitet. Erlangen, 1839.

From the modiolus proceed two fine converging sheets of bone *cc*. which form the zenula ossea of the lamina spiralis. Into the internal cochlear canal the external periosteum *dd* enters through a closed opening *e*, (aqueduct,) and covers the walls of the former as an internal periosteum *fff'f'f'*. In like manner as it covered the membranous bladder in the vestibule, so must it here cover the zenula ossea, and thence joining the bony walls again, it forms the zenula membranacea *gg*. It is covered also here with an epithelial layer *hhhh*, and secretes the water of the cochlea. The R. cochlea *p*, accompanied by the cochlear artery *i*, enters through the lamina spiralis between the sheets of bone *cc* of the zenula ossea, and extends itself into the periosteum *f'f'*, only underneath, toward the scala tympana (*k'*).

As we have considered the cochlea and semicircular canals as, physiologically, only an acoustic appendix of the vestibule, since they are all three constructed on the same acoustic principle, so in like manner may we view the lamina spiralis and the membranous ampullæ as, histologically, an extension of the membranous vestibule, *i. e.*, the little bulbs (!), for all these structures have but one object, viz., to furnish for the delicate ramifications of the auditory nerve and the accompanying capillaries of the auditory nerve and vein a vibrating point d'àpperi.

Therefore, for the purpose of facilitating the diagnosis of structural changes in the labyrinth, I give to all these structures, (lamina spiralis, sacculi, and membranous ampullæ) so far as they are bearers of the auditory nerve, the one general name of auditory nervous tunica, or nervous tunic of the labyrinth, (or retina of the auditory nerve.)

So-called Nervous Hardness of Hearing.

CONTENTS AND DIVISION.

Under "so-called nervous hardness of hearing (Dysecoia nervosa, amaurosis of the hearing,)" I include all those pathological processes within the entire nervous apparatus which impair the normal power of hearing, and I separate them, as has already been said, according to their seat, into three great

GROUPS:

Dysecoia nervosa centralis, the pathological cause of which is to be sought for from the origin of the auditory nerve to its exit from the pons.

Dysecoia nervosa basilaris, the pathological cause of which must lie in the course of the auditory nerve between the pons and the porus acuticus internus, and on the basis of the cerebri.

Dysecoia nervosa peripherica labyrinthica, the cause of which is found in the peripheric course of the auditory nerve.

It should be the aim of rational otiatrics to discover the same pathological processes and laws here, that scientific medicine has established in the diseases of other structures, and especially in the one which is most analogous, viz., the retina

DIAGNOSIS.

The common pathologico-physiological symptom of all those who are affected with nervous hardness of hearing, is impaired conduction of the bones of the head, varying in degree, so that a cylinder watch is never heard, my case watch only seldom, and then only very faintly, whilst on the contrary, the continued vibrations of a tuning-fork can almost always be perceived.

The cause of this impaired conduction from the bones of the head is twofold, either the conduction of the sound vibrations of the labyrinth water is impaired, or the nerve endings have lost their specific energy.

"The first we call organico-nervous, the last dynamico-nervous hardness of hearing, and experience teaches us that the tuning-fork is always heard in the first."

The following points will serve to distinguish the seat of the malady into three principal groups:

1. *How is speech understood by those who are affected with nervous hardness of hearing, and what relation does it bear to their power of hearing watches?*

The less the power of understanding speech is affected, the greater reason have we for considering the seat of the affection to be in the course of the ramus vestibule; the more it is affected, the greater reason have we to consider the seat of the affection to be in the periphery of the nervous cochleæ, or in the central portion of the nervous apparatus.

2. *The tone of the voice.*

Many practitioners take the patient's word for it that he is hard of hearing, but this subjective method of diagnosis lacks precision. According to my observation, when an individual is affected with hardness of hearing as not to hear his own speech, he then loses the power of modulating his voice, and accordingly either speaks too loud or screams, or else speaks too feebly or whispers. It is known that, independently of this, there is another modification of the voice in those who are entirely deaf, as for example, in deaf-mutes, for in them it loses its timbre, and is dismal, toneless, barking, and like that of the brute creation. Experience teaches us that the secondary

symptom in the organ of speech does not depend on the degree of the hardness of hearing, but on its origin.

"Only central nervous pathological processes at the origin of the auditory nerve can occasion it."

If then some fasciculi or fibres of the auditory nerve at its origin remain unaffected, it may happen, as we see in some deaf-mutes, that a considerable power of hearing may co-exist with the toneless voice above referred to, whilst we never see this in those who are affected with acoustic or peripheric nervous deafness.

3. *Topographical Anatomy.*

If a case of nervous hardness of hearing is complicated with symptoms which indicate that the cerebellum is involved, such as loss of equilibrium, uncertainty of gait, staggering, trembling, uncertainty in standing, often a quick bending, etc., we may consider it a case of central auditory anæsthesia.

If violent headache, meningeal symptoms, especially vertigo, swooning, and especially paralysis of the facial nerve are present, we have reason to believe the case one of dysecoia basicalis, for we have seen how seldom (in comparing it with the usual belief) (!) the facial is affected in dysecoia acoustica.

If these symptoms are all wanting, then we have to do with a dysecoia labyrinthica.

4.

Whilst we have as yet only allowed ourselves to draw conclusions concerning the seat and origin of the disorder, we shall now be authorized to do the same for the form and nature of the disorder, and for the probable pathological changes.

Nervous hardness of hearing which is painless and occurs abruptly, indicates hemorrhage or apoplexies, whilst one attended with pain indicates an inflammatory exudation. That which comes on in a subacute or chronic form indicates hyperæmia and its results, such as induration, etc., as does also the lack of any true anæsthesia or atrophy of the membranous labyrinth.

5. *Symptoms connected with the hearing.*

A nervous hardness of hearing, which is not constant excludes from diagnosis exudations and degenerations, and indicates an impaired nutrition, blood-circulation, or innervation, or a sympathy with and dependence on a morbid condition of others, or a so-called reflex deafness; the constant form, on the contrary, proves the existence of material changes. All material changes must commence and continue with subjective symptoms relating to the hearing. Absence of all subjective hearing can therefore only occur in cases of complete central deafness, or if that does not exist, with complete integrity of the nervous tunics of the labyrinth, or with a true dynamic, neurose, and fatty degeneration of the auditory nerve.(!)

[To be continued.]

BIOGRAPHICAL SKETCHES

OF

Distinguished Living New York Surgeons.

By Sam'l W. Francis, A.M., M.D.,

Fellow of the New York Academy of Medicine.

No. 14.

Julius Stephen Thebaud.

This skillful, popular and successful surgeon was born in Morristown, in the State of New Jersey, on the 28th October, 1827. His parents, American by birth, were blessed with twelve children; nine sons and three daughters. All of them are still living, with the exception of three of Doctor Thebaud's brothers. Young Thebaud, the subject of the present sketch, though enamored of literary attainments, and cultivated as to general reading, never availed himself of the benefits to be derived from a classical education; but as soon as his mind sought improvement in the higher orders of self-culture, entered the offices of Drs. Sabine and Lewis A. Sayre, in New York city; read medicine in earnest, and pursued, with laudable zeal, the instructive ramifications of anatomical investigations. In a short space of time he matriculated at the College of Physicians and Surgeons, and was formally graduated under the auspices of the University of the State of New York in 1849, when but twenty-two years of age.

Remaining in the city but a few months after receiving his diploma constituting him M. D., he took passage within a few months for Europe, and passed the years 1849–50 and '51 in making the tour of the continent; comparing the French with the English schools of practice; storing in his maleable mind the instructive precepts of the German philosophers, and seeking to derive a healthy benefit from the varied advantages resulting from this mixed course of study.

Nor did he neglect the schools of Italy, where so much attention is paid to diet. Thus many of the embryotic theories of sound men find their way across the wide Atlantic. This general method of medical sight-seeing, together with a proper appreciation of the rare collections of anatomical specimens to be found in the spacious halls of foreign museums, has proved of no little value to

Dr. THEBAUD, in the daily rounds of surgical practice. Here and there some Gallic instrument of constitutional torture, or the excelling qualities of a Teutonic sound, has passed the just criticism of his mechanical scrutiny; and the seeds sown in his earlier days of student life have grown into the happiest results, and brought forth the fruits of superior judgment.

On his return to this country, in the latter part of 1851, young THEBAUD was appointed Surgeon to the New York Dispensary, October 21st. This charitable asylum has been the stepping-stone of many prominent practitioners now taking rank as among the first doctors in this morbific city. In 1851, October 31st, he was also appointed surgeon to the French Benevolent Society, and on the 10th March, 1853, to the responsible position tion of surgeon to the Demilt Dispensary, a nucleus for hospitable kindness to the diseased poor, which was the beneficent donation to New York, from the excellent lady of good deeds, whose name it bears.

Unless one were to put down in figures and carefully add up the number of patients who annually seek for, and obtain relief, it could not enter into the mind of man to conceive of the enormous per centage, who live by means of this medico-surgical franchise. And this does not include the many thousands who reside in poor-houses or visit the surgical clinics of the several Colleges. Even the attending doctors themselves are amazed after the perusal of the yearly report of the resident physicians.

On the 9th January, 1854, Dr. THEBAUD was elected attending surgeon to the Colored Home Hospital, where he operated successfully on rare and dangerous cases, which involved surgical knowledge and constitutional treatment of no ordinary stamp.

In 1857, April 1st, we find him filling the responsible position of surgeon to St. Vincent Hospital, whose devoted "sisters" and unsurpassed "lint," have set a noble example to many similar institutions.

In 1858, July 12th, he was duly appointed surgeon to St. Vincent de Paul Asylum, and subsequently occupied the same official capacity, October 4th, 1858, in the Orphan Asylum out of town, whose origin was due to the pure heart and gifted benevolence of Mrs. JOHANNA BETHUNE, the mother of Rev. Dr. BETHUNE, of high literary and clerical attainments.

Dr. THEBAUD selected as the subject of his thesis "the Fœtal heart-sound in Pregnancy:" and has ever since taken a deep interest in all that pertains to child-bearing, and the physiology of fecundation. In fact his specialty for many years has been essentially, treatment of the genito-urinary organs. Not long since while visiting Dr. THEBAUD, he explained to me a new instrument, invented by him after careful ratiocination and many important experiments, which has for its object the forcible rupture of the urethra for chronic strictures, etc. The purpose is two-fold. Firstly, the immediate relief of annoying troubles; and secondly, by this rapid cure the saving of many doctor's fees, by condensing into one fat bill of exchange on health, what by the continued daily or otherwise employment of the sound or bougie, etc., would take time to mitigate contracted troubles, and effectually relieve the fiscal pouch of over anxious patients. TIEMAN, the successful manufacturer of surgical instruments, is now making one for Dr. THEBAUD, which will prove the correctness of his views and the efficacy of the treatment.

In 1852, May 10th, Dr. THEBAUD was elected a member of the New York Pathological Society; and since that time has not been unmindful of its best interests. This institution is productive of a vast amount of good, and in no slight degree affords ample facilities for a substantial basis on which to found able discussions and sensible theories relative to the diseased body. Provided with an excellent museum, which can boast of some rare specimens of morbid growth, it bids fair in a few years to stand on its own foundation, and become the nucleus of many classified departments. Many there are who have been aided in their investigations, and benefited as to the treatment of their afflicted patients by a regular attendance at the stated meetings. Doctors have not always the time or means to write an elaborate article on some new specimen or enlarged tumor; but willing are they to state briefly their case; tell the simple story of "sudden death" and its cause, and leave the subject to equally interested associates, to relate their experience and bring to bear analogous items. The profession at large are interested in its progress. The time is not far distant when a suitable building will be erected with its appropriate title of New York Academy of Medicine. And why would it not be equally proper to lay the foundation of a New York Pathological Society, with a large museum, whose spacious shelves should not only contain all that could be ascertained concerning man's physical misfortunes, but also a department where *relative pathology* displayed to view the destructive troubles of the animal creation?

In 1859, September 7th, Dr. THEBAUD, became a Fellow of the New York Academy of Medicine,

whose genial and harmonizing President, Dr. Anderson, has for so many years been its efficient head. In 1862, October 18th, he was duly elected a member of the Medical and Surgical Society, and seeks in every way to improve himself, relieve the sick, and instruct the ignorant.

Dr. Thebaud, is one of those few surgeons who can boast of having successfully performed the hip-joint operation. He has tied the carotid in a child, but six months old, for aneurism. Also ligated many other arteries for similar affections, and performed most if not all of the important operations on the living subject.

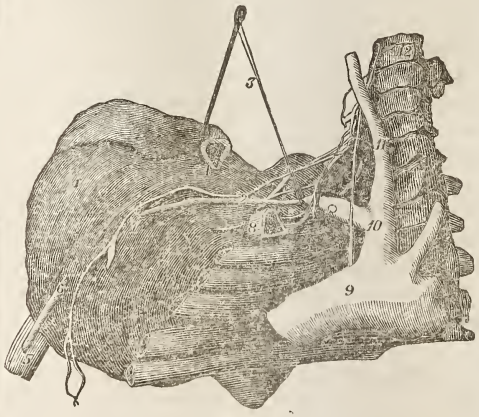
In the summer of 1855, a patient, æt. 23, waited on him and stated his trouble—an enormous circocele. This was the result of thirteen years growth; the young man was the subject of profound melancholy, and nocturnal emissions occurring three and four nights in succession, and not unfrequently three times the same night. This state of affairs called for immediate action, lest he should sink under the prostrating effects of the unusual drain on his already weakened constitution. Dr. Thebaud proposed an operation—as all the palliative treatment of former physicians seemed to have proved of no benefit.

The young man at first refused and left, but subsequently returned and yielded to the operation. His memory had rapidly failed. On making the final examination, the scrotum was found to be nearly double its size since the Doctor's first sight of it, about a year before. The right testicle was forced up against the external abdominal ring, while the left, to use his own words, "was soft and flabby, and almost imperceptible among the numerous convolutions of veins by which it was surrounded." Though informed this time that patients lost their lives occasionally either during or after this operation, he stated that he was desperate and would submit.

On the 6th of January, 1857, assisted by Drs. Van Buren, Metcalfe, and Thomas, the young man's father, and Dr. Quimby Stiger, Sr.—being put under the influence of ether by Dr. Thomas—an incision was made through the skin and cellular tissue from the external abdominal ring to nearly the lower extremity of the scrotum. The veins were carefully dissected out and separated from the vas deferens and spermatic artery, and a double ligature was then placed around the unnatural bunch as high up as practicable. These distended veins were now cut through just below the ligature, dissected down the artery and vas deferens to the testicle and around it, about which they were found very thick. The bleeding orifices were all tied, and four ligatures placed on the lower openings. The affected testicle was found to be healthy, though very flabby and much atrophied. The wound was then closed as is usual, and cold-water dressings applied. The patient continued to improve, and on the thirty-fourth day the double ligature came away, after eight days of firm traction.

Dr. Thebaud also operated for aneurism of the sub-clavian artery, at the Colored Home. Though the patient subsequently died of prostration, there are some points in the history of this case worthy of honorable mention.

David Butler, æt. 49, a chimney-sweeper by occupation, entered the Colored Home Hospital January 8th, 1858. His general health had been good up to about three years before, when a small tumor made its appearance in the right axilla, but would disappear on pressure. Some degree of pain was occasionally experienced. The increase of size occurred about one year before he applied for admittance; and a few months after this, it grew rapidly, caused much suffering, prevented his working, and crowded the shoulder upward and outward. The arm of the affected side was twice its natural size, and he had lost the power of using it.



After the tumor had been cleanly dissected, it measured twenty-seven inches in circumference. On first examining the tumor, Dr. Thebaud could feel no pulsation, but after the patient was confined in bed for a few days it grew softer and auscultation revealed the aneurismal murmur.

On the 26th of January, Dr. Thebaud applied a ligature to the sub-clavian just outside the scalenus muscle, without any untoward circumstances to oppose a speedy recovery. The patient was replaced in his bed at 4½ P. M., and by 6 P. M., had recovered from the effects of anæsthesia, and at once asked for something to eat, complaining of much pain at the posterior part

of the tumor. A cushion was then placed under it, and brandy given.

Time.	*Pulse.*	*Respiration.*	*Remarks.*
6 P. M.	154		Took some brandy.
10	130	30, stertorous.	Sleeping.
11.40	100	30	Perspires freely, skin hot, temperature of hand and forearm diminsh'd.
Jan. 27.			
7 A. M.	102	40, blowing.	Unconscious during the night.
9.45	104	42	Face clammy. A pint of urine passed involuntarily.
12.30 P. M.	120	45	
3.30	112	35	Skin warm and less moist.
5			Died.

The condition of the respiration and the firmness of the contraction of the maxilla, prevented the administration of as much brandy as was desirable.

The above table, furnished me by Dr. THEBAUD, is not only interesting in its statistical connection, but the balance and alternation of pulse and respiration lends additional importance to a remarkable case. In writing to me on the subject, Dr. THEBAUD said: "The difficulty of the operation consisted in the great displacement of the vessels, and the shoulder being elevated by the enormous tumor above the level of the head." This is the largest sub-clavian aneurism ever treated.

Hospital Reports.

PHILADELPHIA HOSPITAL,
February, 1865.

MEDICAL CLINIC OF DR. J. M. DA COSTA.

Reported by William H. Ford, M. D., Resident Physician.

Cardiac Asthma.

CASE 1. I. S., æt. 81. This patient has been subject to paroxysmal attacks of dyspnœa for a long time, which have lately become worse. The dyspnœa is temporarily increased by exertion, and by lying down. The period of these attacks is variable. He complains of a feeling of suffocation. His look is anxious, his face pale, and his lips of a slightly livid color. His appetite is poor, and his sleep is often disturbed by distress in breathing.

Difficulty of breathing may be due to an affection of the heart, to obstruction of the circulation in the lungs, to disease of the brain, or medulla oblongata, etc.

By examining the lungs there is found normal resonance at the posterior part of the lungs, and a low rude murmur with some rales over the left lung. This condition exists at the anterior part of the chest. There is bronchitis on the left side. This, however, is not enough to account for the dyspnœa. The heart has an extremely feeble impulse; it is softened and flabby. Here, then, may be the primary cause of the difficulty in breathing. We must not stop here in our examination, for asthma is sometimes produced through the medium of the reflex system. For example, reflex abdominal irritation, originating in disease of the kidney, may produce it. This is a point which may make great difference in regard to the success of the treatment. There exists in this case some abdominal soreness over the region of the liver, and this organ is somewhat enlarged. This may tend to aggravate the asthma, but it is not sufficient to cause it. The organic disease of the heart is the cause to which we can most consistently refer the persistent difficulty of respiration.

CASE 2. J. W., æt. 61, native of Philadelphia. Until about three months ago this man states that he was perfectly healthy. About that time he was seized with a difficulty of breathing, followed shortly afterward by œdema of the feet and legs, and swelling of the abdomen. He complains of no pain, but a feeling of smothering, especially when he attempts to lie down, so that he has been obliged to sleep in the erect posture. Exertion of any kind aggravates his suffering. He has had cough accompanied by frothy expectoration.

Respiration, thirty-six in the minute, and labored; cough with free expectoration; rales, both dry and moist in both lungs, though no special impairment of the respiration; bellows murmur at the mitral valve. Here, again, there is difficulty of breathing connected with disease of the heart. There is congestion of the pulmonary circulation; an effusion of serum has taken place as a result, and hence the rales. The dropsy of the abdomen and legs is the result of this cardiac disease. This is another case of cardiac asthma.

In one case it is associated with dropsy, congestion of the lungs and dry and moist rales, and in the other with bronchitis.

Treatment. CASE 1. Tonics are specially indicated. Let him take of extractum ignatiæ alcoholicum, gr. ⅓, and of quiniæ sulphas, gr. ss, three times a day.

Attention must be paid to the digestive system; the bowels must be kept regular. An infusion of juniper berries may be used with decided benefit.

We must try to invigorate the heart. Should the breathing become excessively oppressed, we will administer ten drops of the tincture of digitalis with a teaspoonful of the fluid extract of

valerian, or of the ammoniated tincture of valerian, every four hours.

It might be asked if it is proper to give digitalis when there is feeble circulation. Yes, it may be administered with safety and with marked benefit, for a limited period, in cases of impaired cardiac circulation. It is well borne, and is not injurious in its effects.

In case 2, we will first endeavor to get rid of the dropsy, for the distended abdomen prevents the proper movements of the diaphragm, and thereby impedes respiration. This is to be done by means of the kidneys which are in a healthy condition, as an examination of the urine has proved. Fifteen grains of the acetate of potassa may be given three times a day, assisted in its work by an occasional purge by Rochelle salt in two or four drachm doses.

The pulmonary symptoms depend upon congestion of the lungs. We may assist expectoration by half fluid drachm doses of the syrup of squill given three times a day. In both cases good effects may be derived from the application of dry cups to the chest. Cups may be applied every night, if necessary.

A Case of Mixed Fever, being a Combination of the Typhoid and Typhus Elements.

E. H., æt 35. This patient has been an assistant in the medical wards, where both typhoid and typhus fevers prevail. She had been feeling unwell for a week prior to her admission to the ward as a patient. When admitted, about four days ago, her mind was dull, and she was disposed to sleep. She has had frequent and weak pulse, heated skin, dry tongue—coated in the centre and red at its tip, slightly tender abdomen with some tympanites. She has daily had from one to three (lately three,) semi-fluid evacuations, of a dark yellowish color.

Numerous small reddish and purplish spots have appeared, covering the whole surface of her body. Some of these entirely disappear on pressure; others are only slightly modified.

There are some peculiar symptoms in this case which are worthy of observation. To-day, her tongue is dry, coated in the centre, and red at its edges; pulse, 120, and feeble; abdomen swollen and tympanitic; bowels loose; abdomen tender, but not remarkably so. She is decidedly stupid, and gives no intelligent answers. Her pupils are sluggish, and the expression of her eyes is dull.

What is this case? The abdominal symptoms are only tolerably well marked, but an eruption appeared on the fifth day all over the body, which is much coarser and redder than the eruption of typhus fever.

This is a mixed case of fever, and it proves how kindred these two adynamic fevers are, and how strangely blended, and interchanged they sometimes become.

We have the symptoms of both fevers apparent. It looks most like typhoid fever, but we have an eruption appearing on the fifth day all over the body. How can we explain this? The early eruption, which appears due to a vitiated condition of the blood, may soon fade away and be followed by the ordinary typhoid fever eruption, and the fever continue in its course as one of the typhoid character. A case of this kind occurred in this hospital a few years ago, in which about the fifth day of the disease a dark colored petechial eruption appeared. In a few days this eruption faded, and the rose-colored spots of typhoid fever became perceptible on the chest and abdomen; the fever ran its course with the typhoid character, and terminated favorably.

It thus occasionally happens that these two kindred diseases are strangely blended together.

Jefferson Medical College,
April 12th, 1865.

Surgical Clinic by Prof. Gross.

Reported by William T. Bullock, M. D., of Rhode Island.

Nevus.

E. L., two months old. This child has a nevus, or "birth-mark," of the size of a large almond, situated in the medial line between the chin and the neck. It is a congenital tumor, consisting of a network of small vessels, apparently both arterial and venous. It increases in size when the child cries or struggles, but there has been no hemorrhage, as is often the case with tumors of this nature. It is necessary to remove the tumor, as it is liable to increase in size, or to give rise to dangerous hemorrhage if wounded.

In this case, the growth is removed by excision, the knife being carried outside of the nevus, through the healthy tissues, to avoid the hemorrhage which would follow if the tumor itself was cut into, as well as to make sure of removing the entire growth. Two small vessels having been secured by ligatures, the wound is closed by the hare-lip suture.

Necrosis of the Femur.

T. H., six years of age, is laboring under a scrofulous disease of the upper and front part of the thigh, of more than nine month's duration, following an attack of measles. There are three sinuses which discharge pus freely. A probe passes readily along one of the sinuses and comes

in contact with the femur, which is carious if not necrosed. The soft parts in the neighborhood are in a state of chronic inflammation. It would not be proper to lay open this sinus and examine the bone, as the child is in a very feeble condition, being pale and thin, and having an irritable, frequent, and small pulse.

The child must be put upon the use of quinine and iron, with a mild but nutritious diet, and the free use of milk punch. The limb is to be painted twice a day with dilute tincture of iodine. An anodyne may be administered at night, if the child is unable to sleep.

Hypertrophy of the Synovial Bursæ over the Olecranon Process.

Augusta S., nine years of age, has a tumor the size of an orange, and of four month's duration, situated upon the elbow of the left arm.

The tumor is soft and fluctuates, evidently containing a fluid, but feels at some points as though it also contained some solid substance.

This affection is usually called bursa mucosa, but a more appropriate name would be synovial bursa, since the tumor was originally a bursa or sack, having a fibrous coat externally, and lined by a synovial membrane for the purpose of secreting a lubricating fluid, thus facilitating the motion of parts between which the bursa is placed. This bursa taking on inflammatory action, increases in size, and its coats become thickened. The synovia is secreted in great abundance, and is changed in consistence, becoming jelly-like, and having sometimes fibrous or fibro-cartilaginous concretions developed in it.

It may be necessary at some future time to incise this tumor, and remove its contents. For the present, paint over the surface twice a day, with a mixture consisting of one part of the tincture of iodine and two of alcohol.

A Case of Club-Thumb.

Robert C., four years of age. This patient has a congenital deformity of the right thumb, the member being flexed and drawn toward the ulnar side of the hand. By dividing subcutaneously the flexor tendons near their insertion, the thumb is restored to a more natural position.

Convergent Strabismus.

1. Emily M., seventeen years of age. A case of single convergent strabismus, which is relieved by dividing the internal straight muscle of the eye in the usual manner. When one eye alone is thus operated upon, it becomes more prominent than its fellow, but this deformity will disappear in time.

2. Eliza M., thirty-seven years of age. This woman, who is the mother of the girl just operated upon, is much deformed by convergent strabismus of both eyes; of twenty year's duration. Both eyes are restored to their natural position by a similar operation to that performed in the last case.

Epithelioma of the Lip.

M. F., seventy-five years of age. This patient first observed the appearance of the disease upon his lower lip one year ago. It is now in an ulcerated condition, and the seat of much pain. A V-shaped portion of the lip including the growth is removed, and the edges of the wound thus made are brought together acccurately by the hare-lip suture.

Scrofulous Ophthalmia.

Ellen McC., fifteen months old. The child is pale and emaciated, although the mother, who still nourishes it with her own milk, thinks it has enjoyed good health previous to this attack. The eyes are very sensitive to light, and discharge a small quantity of pus.

That this is a case of *strumous* ophthalmia is shown by the great photophobia, excessive lachrymation, and absence of much redness of the conjunctiva, together with the fact that there are other evidences of a strumous diathesis in the existence of crusta lactea upon the child's head, and of eczema behind its ears. The age of the patient also indicates that the disease is of this nature.

℞ Quiniæ sulphatis, gr. xij.
Ferri sulphatis, gr. vj.
Acidi sulphurici arom., gtt. xx.
Aquæ, f.℥ij. M.

Take a teaspoonful three times a day.

Take also twice a day, a pill consisting of

℞ Hydrarg. chlor. mit., gr. ½
Pulv. ipecac., gr. 1–6. M.

Polyp of the Nose.

James B., fifteen years of age. The nostril of this patient has been occluded by a tumor for more than a year. The growth may be seen protruding to a slight extent at the right side, it being more perceptible when the patient endeavors to blow through that nostril. There is an occasional discharge of mucus and blood from the affected nostril.

Respiration through the nose is obstructed, compelling the man to sleep with his mouth widely opened, and his voice is also changed in character. The patient is seated in a chair, with his head held back by an assistant, the surgeon standing in front, with a pair of long, slender, polyp-forceps in his right hand. The forceps are introduced with the blades closed, and opened inside the nostril at the pedicle of the tumor, which is attached to the superior turbinated bone,

The blades of the forceps being fenestrated and serrated, the tumor can be grasped very firmly, which being accomplished, the instrument is twisted upon its axis, and the tumor separates from its attachments with a slight noise, and is drawn from the nostril. The tumor resembles an oyster in appearance. It has a few scattered blood-vessels running over it, being covered by a reflection of the mucous membrane of the nose. Upon puncturing the tumor, a fluid escapes which coagulates upon the application of heat or the addition of nitric acid, showing the presence of albumen. This is a good specimen of the gelatinoid polyp, a variety remarkably liable to recur after removal.

Sebaceous Tumor.

John C., nine months old, has a congenital sebaceous tumor situated just behind the eyebrow of the left side, a common situation for growths of this kind. The tumor is removed by incision and enucleation, the incision being made in a line with the eyebrow to avoid an unseemly scar.

In this operation, care must be taken to remove every portion of the cyst, as otherwise the tumor will in all probability return.

Anchylosis of the Finger.

Ephraim B., twenty-one years old. The man was injured by a car-wheel which passed over his hand five months since. The middle finger is now permanently flexed upon the hand, being almost immovable. The finger is removed at the metacarpo-phalangeal articulation by two lateral flaps. The projecting articular extremity of the metacarpal bone having been cut off, the wound is closed by the interrupted suture and adhesive strips.

Editorial Department.

Periscope.

Pepsine Wine.

In the *Amer. Jour. of Med. Sciences* for July, Dr. Reeve, of Dayton, Ohio, calls attention to this preparation of pepsine, which was first proposed by Dr. Geo. Ellis, of Dublin. As pepsine is a standard remedy in our cities, and is of difficult preparation, we commend this preparation as one always at the command of the physician. It is prepared as follows: A fresh rennet from the butcher, cut up into small pieces, is put into a pint of sherry wine, macerated a couple of weeks, strained off, and it is ready for use. A teaspoonful, if properly prepared, will reduce a teacup of milk at 98° to the consistence of blanc mange. In weak and debilitated conditions of the stomach, where food is not properly digested, it will be found that a teaspoonful of the wine, after every meal, will in a short time improve the digestive function to a remarkable degree. In *cholera infantum*, especially, after the little sufferer has been worn down by constant discharges, the stomach is unable to longer digest the food, never mind how properly prepared, a few drops (10—30) to a young infant, after food, will be followed by marked beneficial effects. As this is the season for such aids, we hope our readers will find it as useful as it is said to be.

Hospital Gangrene.

In the July number of the *Amer. Med. Journal* is a report by Dr. Pfeiffer, communicated by Dr. Walter F. Atlee, where buttermilk was used as a local application in Hospital Gangrene. The application was made at the suggestion of Dr. A., after reading the paper of Prof. Samuel Jackson "On the Uses of Sugar and Lactic Acid in the Animal Economy," of which an abstract appeared in a late number of this journal. It was not possible for these observers to obtain sour milk, as recommended by Dr. Jackson, so they substituted buttermilk for it. Since its employment in this case, it has been universally used as a local application at the Satterlee Hospital, in all cases of sloughing wounds, and with the most satisfactory results. It has also been used as a dressing for stumps, immediately after amputation; and it is said to have had the effect of keeping the parts free from the odor which would, under other applications, have been offensive and sloughing.

Reviews and Book Notices.

The Photographic Family Record. Published by Bartleson & Co. Philadelphia: 1865. *Copyrighted.* *Price*, plain $5, fancy, $10.

This is a very neat way of getting up a family record. It is arranged for a family of twelve children. Should the number be less, the space may be filled by records of relatives, or friends. There are blank marriage certificates, also space for two photographs on each page, of parents and children at different ages. On the page opposite to the photographs are blanks for recording the name, birth-place, date of nativity, descent, names of parents, number of brothers and sisters, education, occupation, politics, religion, marriage, stature, weight, habit, complexion, color of eyes, hair, health, time and place of death, disease, age, with place of interment of each member of the family.

Anything that our profession can do to encourage the keeping of family records should be done, and this is certainly a very attractive way of keeping them. The record is only sold through agents. Any orders we may receive will be handed over to an agent, and filled.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 29, 1865.

THE LATE DR. S. D. WILLARD.

Much to our regret, we have been unable to procure from well informed sources such a biographical sketch of the late Dr. SYLVESTER D. WILLARD, of Albany, New York, as is called for by the eminent position which he held in the city and State of which he was so prominent and worthy a citizen.

We first formed the acquaintance of Dr. WILLARD in our youthful days, when attending school at an academy in his native village in Connecticut. Our recollection of him is that of an agreeable, kind, open-hearted playmate, a great favorite with his companions. It was years before we met again. Meanwhile, he had pursued a thorough course of study, graduating from the Albany Medical College in 1848, where he commenced the practice of medicine, first in connection with his preceptor and relative, the late Dr. WING—while, after several years' residence in the Northern States and the Canadas, we had returned to our native South, afterward studied medicine and graduated from the University of Pennsylvania, two years after he graduated at Albany, and settled in practice in the neighboring State of New Jersey. The positions we severally occupied, led to a correspondence which was pleasantly maintained for several years before we discovered that in years gone by we had been playmates. This discovery of course added interest to our correspondence. The limited opportunities we had for intercourse were insufficient to enable us to speak personally of his inestimable professional and moral worth, and we are under the necessity of making use of the testimony of one who knew him well and appreciated him. We refer to the funeral discourse preached on the occasion of Dr. WILLARD's death, from the text, "The Beloved Physician," by the Rev. W. B. SPRAGUE, D. D., pastor of the Second Presbyterian Congregation of Albany. He speaks of Dr. WILLARD's sudden death as having "diffused an air of unwonted gloom throughout the community."

Dr. SYLVESTER DAVID WILLARD was born in Wilton, Conn., on the 19th of June, 1825. He belonged to the same family with those eminent divines, the Rev. SAMUEL WILLARD, author of the celebrated "Body of Divinity," and Vice-President of Harvard College, in the early part of the last century, and of the Rev. Dr. JOSEPH WILLARD, who, at a later period, was President of the same institution. His father was a highly respectable physician, and one of the most influential and honored citizens in the region in which he lived. His mother was a lady of great moral and Christian worth, and did much to impress upon her children her own admirable characteristics. The devotion of this son to his mother is said to have been remarkable; and, as long as he lived, he could never allude to her but that he would seem well nigh overwhelmed by his tender, grateful, and reverential remembrances. He spent his early years at home, and received his literary training at an Academy in his native place. For about a year and a half previous to his reaching the age of twenty, he was occupied in teaching school; though he had already commenced the study of medicine under his father. In the fall of 1845 he went to Albany, upon an invitation of his relative, Dr. WING—in whom he always found a faithful friend—and placed himself under his medical instruction; and shortly after, he was entered as a regular student in the Medical College.

After serving for some time as an assistant to Dr. WING, he commenced practice on his own responsibility; and though at first, as might have been expected from his youth and inexperience, his practice was quite limited, yet the demand for his services was gradually but constantly increasing till the close of his life. He very early attracted the attention and gained the confidence of that eminent man, the late Dr. BECK; and to him perhaps more than any other individual was he indebted for the earliest expressions of public respect and confidence which were awarded to him. He became connected with the County Medical Society shortly after he commenced practice, and served successively as its Secretary, Vice-President, and President. In 1858 he was a delegate to the State Medical Society, and was appointed its Permanent Secretary—an office which he signally honored, especially by preparing, each successive year, a volume of the Society's Transactions, marked by great minuteness and the utmost accuracy. From the commencement of the rebellion in 1861, he felt the most intense desire for its speedy and entire suppression; and his whole heart went into every movement that was made toward this end. In the spring of 1862, he went to act as a voluntary surgeon to the Army of the Potomac. From Fortress Monroe he proceeded to the White House, where he had an important agency in establishing a large field hospital, and thus bringing immediate relief to many hundreds of our wounded soldiers. The scenes which he witnessed during

this visit impressed his mind and his heart indelibly, and gave him a sense of the horrors of war which seemed almost like a new element of his being. During his brief sojourn there—and we believe the period did not exceed two weeks—he suffered the severest hardships in the way of both labor and exposure, and contracted a disease which developed itself more fully after his return, and which there is some reason to believe was never entirely dislodged from his constitution. The fortnight which he spent in the army supplied him with materials for reflection and conversation, which no doubt would still have been fresh, if his life had been prolonged through fourscore years.

But the most important public enterprise in which Dr. Willard has ever engaged, was no doubt that, to the completion of which he was looking forward with an all-absorbing interest, when death so suddenly brought his labors to a close—we mean the establishment of an institution for the relief of the insane poor. His mind had been directed to this subject for a considerable time; and he had collected a vast amount of information bearing upon it, which he had embodied in a luminous and elaborate report—that report had met with a most respectful acceptance from the Legislature, and everything indicated the speedy carrying out of the plan which it proposed, when the author of the report and the originator of the plan suddenly found that his days of benevolent activity on earth were numbered. So good a purpose, conceived and matured by a spirit of such enlarged philanthropy, we may reasonably expect will find other hands to foster and promote it, and carry it on to its full completion.

The crowning testimony in honor of Dr. Willard was his appointment by the present Chief-Magistrate of New York to the office of Surgeon-General of that state. To the responsibilities of this high trust he had already proved himself fully adequate; and probably there could not have been found a more efficient auxiliary than he in sustaining and carrying forward those interests with which he was more immediately charged. But the duties of this office, in addition to his more private professional engagements, and other diversified claims upon his time, imposed upon him a burden greater than his physical constitution was able to bear, and a sudden attack of disease—occasioned, as he himself believed, by excessive exertion—was followed by great prostration and speedy death.

Dr. Willard's intellectual character was marked by quick perception, sound judgment, retentive memory, and much more than the ordinary power of analysis and investigation. Not only was he a diligent student of books, but a close observer of men and things; the result of which was that he had acquired a very large amount not only of professional but also of general knowledge. He had an easy and graceful style of communication, whether with the lips or by the pen; and the correctness and force and beauty of his writing might shame many a man who has had the advantages—which *he* never enjoyed—of a regular classical education. He had large executive ability—the power of readily bringing other minds into harmony with his own; and hence he sometimes accomplished his ends so easily that he was himself hardly conscious of having put forth an effort. He had, moreover, an exquisite taste—an eye to discern whatever is beautiful in nature or art; and the delicacy of his perception, especially in regard to architectural proportions was well nigh unrivalled. His moral qualities were akin to his intellectual. He had great simplicity and directness of character. Though by no means lacking in suitable caution and discretion in his intercourse with his fellowmen, yet he was incapable of anything approaching to disingenuous artifice—his actions, faithfully interpreted, were always a true index to the movements of his mind and heart. With him the question—"What is right?"—was all-absorbing; and that question he sought to settle by the light from above and from within, without listening to the pleas of expediency or of imagined self-interest. The tone of his spirit was eminently genial and cheerful; and this, in connection with his fine intellectual qualities, and more than ordinarily attractive manners, made him a most agreeable companion.

But the intellectual and moral qualities with which he was originally endowed were essentially modified in their action by the quickening and elevating influences of Christianity; and though he was not very demonstrative in any of his habits, his general course of life showed him a consistent and earnest Christian.

It will be difficult for the Medical Society of the State of New York to supply the vacancy in its Permanent Secretaryship occasioned by the death of Dr. Willard. The enviable position occupied by that Society is greatly due to his labors. It is one of the best organized and most useful of our State Medical Societies. The Medical Society of Albany County, N. Y., will have occasion to remember Dr. Willard through all time for his history of that Society, published about a year since.

Dr Willard was married March 5th, 1861, to Miss Ellen Spence, of Murfreesboro, Tenn., who is left to mourn the loss of one of the best of husbands and fathers.

Notes and Comments.

Improvement.

Our readers will observe that we are using a much better paper in printing the Reporter than we have used for several years past, and that the size of the work has also been increased. A further increase in size is contemplated before long, besides other and more important improvements, which we hope to be able to announce soon.

Association of Resident Physicians.

☞ We are requested to call the special attention of all resident physicians of civil hospitals in this city to a meeting to be held in the library of the Philadelphia Hospital at three o'clock next Thursday afternoon, August 3d. This meeting is called for the purpose of taking into consideration the formation of an Association of Resident Physicians of Hospitals, the object being mutual improvement.

We are very glad that such a movement is on foot. An association of the kind contemplated would be of incalculable advantage to its members, and its transactions would be well worth preserving. We trust that *all* resident physicians of hospitals in this city will be present next Thursday.

Hospitals to be Closed.

All the Government hospitals in this Department, with the exception of Chestnut Hill Hospital, have been ordered to be closed. Surgeon Lewis M. Taylor has been ordered to take charge of this hospital, and fill the vacancy caused by the death of Surgeon Joseph Hopkinson.

We notice that the brevet of Lieutenant-Colonel was lately conferred on Dr. Hopkinson, dating from the fourth of March last. The honor was not received, however, until after the doctor's death.

Chief of Bureau of Medicine and Surgery in the Navy.

Dr. Phineas J. Horwitz, of Pennsylvania, has received the appointment of Chief of the Bureau of Medicine and Surgery in the Navy, *vice* Dr. William Wheelan, deceased. Dr. Horwitz has long been connected with the Navy, and has been a popular and efficient officer in the service.

The Plague in Asia.

Last week we mentioned that a disease supposed to be the cholera, had been committing terrible ravages in Arabia, and had invaded Egpyt, and was advancing westwardly. The following particulars in regard to it we find in the newspapers.

While the Russian disease has raged with such ferocity in the north of Europe, the southwestern part of Asia has been suffering from a terrible visitation of the same kind. The Levant *Herald* of June 7th says that letters from Medina give a frightful account of the ravages of the epidemic now raging both at that city and Mecca. It takes the form both of typhus and cholera. On the eve of Courban-Beiram, and during the first and second days of the feast, this terrible scourge carried off no less than forty-six thousand victims among the pilgrims, and though the intensity of the plague is somewhat abated, multitudes still perish The inhabitants have fled, and the streets are filled with corpses. Of the Persian pilgrims alone, no less than five thousand have fallen victims, among whom is the Shiek Mirza Hachim, who, saint as he was reputed to be, has perished with his whole household, composed of ten persons. Sheriff Abdullah Pacha has taken refuge at Taif, and the Governor-General, Vedji Pacha, after having lost a son and a daughter, has himself fallen dangerously ill.

Correspondence.

DOMESTIC.

A Visit to the U. S. Army Medical Museum.

Editor Med. and Surgical Reporter:

On a recent visit to Washington I embraced the opportunity to look into that new and useful institution, the Army Medical Museum.

The museum is located on H, between 14th street and New York avenue, in a handsome brown-stone building, two stories in height. It was established in August, 1862. In January, 1863, it contained 1349 objects; of which 935 were surgical specimens; 106 medical; 133 missiles, which for the most part have been extracted from the human body. This latter class includes round and conical bullets, shot, grape, canister, and fragments of shells, arrows and arrow-heads. The building is divided into two compartments. On the first floor we have on entering, models of the old and more recent forms of ambulances; also medical wagons, etc. In the centre there is a case containing plaster casts; of which there are about three hnndred representations of stumps, plastic operations, incisions, and the general operations of surgery. Several of them are of great interest. Among the rest it contains a cast of a

case in which the jaw-bone, side of the nose, etc., were lost. On this case was founded the order of the late Surgeon-General Hammond against the use of calomel; it having been produced in one of the western hospitals, and subsequently sent to New York, where he was relieved by a plastic operation, by Dr. Gurdon Buck, and which is well shown in the three casts.

On the upper floor there are four cabinets. The two central ones contain dry preparations, exhibiting recent fractures, and attempts at repair; these follow a natural division of cranium and upper extremities, and the trunk, pelvis and lower extremities. At the time of my visit the number in the collection was increased to 4200; of these 500 are medical, 350 missiles, 400 photographic illustrations of diseases and injuries of bones and fractures. Many of these are microscopic in their character, and are executed with great fidelity and beauty. Most of the fractures are the result of projectiles, but now and then you have cases of fracture caused by accidents on railways and army wagons. There is a very interesting collection of projectiles for small arms and field guns; also the various patterns of bayonets used in the U. S. army and foreign service. In specimens of gun-shot fractures on long and flat bones, it is clearly shown that the conical bullet produces the most disastrous results and comminuted fractures, while the round bullet is almost always flattened against the bone, without producing fracture. So great is the force of the conical bullet, that at the battle of Gettysburg it passed through an armour-plate on the chest of a rebel soldier, making a clean incision, and killing him instantly. And in India it has been known to pass through ten bodies in succession, killing in every instance.

The medical series of the museum is remarkably rich in illustrations of malarious diseases—typhoid fever, and chronic diarrhœa. These are chiefly of diseases of the ilium, cœcum, and transverse colon, including many beautiful illustrations of diseased conditions of the glands of Peyer; also tubercular ulcers of the small intestines, diseases of the heart, lungs, liver, spleen, and kidneys. There is a very unique specimen in plaster of a carcinoma of the liver, which weighed 9½ pounds, and is beautifully colored. The Curator of this museum is Dr. Geo. A. Otis, of Massachusetts, Surgeon of the U. S. Volunteers. The Anatomist is Dr. Shafhirt, formerly of this city.

In concluding my notice of this collection, I am pleased to state that it surpasses any collection I visited after the Crimean war, either in England or France, and will well repay a careful study. To the efficient and practical head of the Army Medical department, Major-General Barnes, a native of this city, I am much indebted for the opportunity of seeing several most interesting and instructive photographic views of resections, diseased bones, bayonet wounds, etc.

Laurence Turnbull, M.D.

Philadelphia, July, 1865.

Smoking Arsenic with Tobacco.

Editor Med. and Surgical Reporter:

The readers of the Reporter, who may have had any experience in regard to the smoking of arsenic with tobacco, are requested by a correspondent—Vol. XII., No. 413—to communicate the same through your valuable medium for his benefit.

In answer to this request, I am willing to impart what slight knowledge my limited experience will permit on the subject. I used Fowler's solution, f.ʒiv. to a pound of fine cut tobacco. Put the tobacco on a large earthen dish, then sprinkle on the solution, stir well, that the whole may be of uniform strength; let the patient smoke after each meal, and on going to bed.

For a substitute the verbascum thapsus folia, well dried and cut fine, will answer very well in the place of the tobacco,—the quantities the same as the above. I prescribed it to a patient recently in a case of phthisis with good result, thus far, together with other medicines. The patient stated to me that she had to smoke tobacco frequently during the night, consequently had burned a lamp nightly for the last six months. She used the arsenical preparation, and at the end of one week could dispense with the lamp altogether.

Flint L. Keyes.

Jerseyville, Canada West, July 17th, 1865.

News and Miscellany.

Hampton General Hospital.

There are 2100 patients in the Hampton General Hospitals at Fortress Monroe at the present time, mostly colored.

The number of patients admitted into these hospitals during the last fourteen months has been 26,122
Returned to duty, ... 7,113
Transferred to other hospitals, . . 8,827
Died, ... 2,085
Discharged, ... 2,072

The balance admitted are rebels and civilians.

Dr. Ely McClellan, of Philadelphia, who has had charge of these hospitals for nearly three years, has recently been relieved and ordered to duty in that city. Dr. J. F. Frantz assumes the position vacated by Dr. McClellan.

A New Microscope of Astonishing Power.

It is not many months since one of the most eminent of living microscopists expressed his conviction that in the production of object-glasses, with a one twenty-fifth of an inch focus, the microscope had reached its utmost attainable limit of perfection. He added that "it appears impossible to separate or define lines more numerous than ninety thousand in an inch, on account either of the decomposition of light or some other cause. It therefore seems beyond our power ever to discover more of the ultimate composition of bodies by means of the microscope." It is always foolish to use such "thus far and no farther" language in reference to any department of scientific research; but it is not often that its fallaciousness has been demonstrated within so short a period as in the present case. The above extract is taken from a journal dated December 10, 1864; and yet already the one thing which microscopists are now talking about is an object-glass with one fiftieth of an inch focus, recently made by Messrs. Powell and Lealand, which was described to the Royal Society by Dr. Lionel Beale the other day, and was exhibited at the annual *conversazione* of that society a short time since. This object-glass possesses double the power of the one which we were so lately told, and by so great an authority, was the most powerful we must ever expect to possess, and defines with wonderful distinctness particles which the latter cannot render visible at all. It magnifies three thousand diameters with the low eye-piece, or with a number five-piece fifteen thousand diameters—that is to say, in popular parlance, one thousand five hundred and seventy-five millions of times! It must immensely increase our knowledge of the lower organisms, and may even aid our researches into the ultimate constitution of matter. And who shall say that even its powers may not be exceeded in time?—*London paper.*

Consanguineous Marriages.

Dr. A. Mitchell has discussed the question of "the Influence which Consanguinity in the Parentage exercises on the Offspring;" and the following are the conclusions at which he has arrived, for which we are indebted to the *Edinburgh Medical Journal.*

1. Consanguinity in parentage tends to injure the offspring. This injury assumes various forms. It may show itself in diminished viability at birth; in feeble constitutions exposing them to increased risk from the invasion of strumous disease in after-life; in bodily defects and malformations; in deprivation or impairment of the senses, especially those of hearing and sight; and, more frequently than in any other way, in errors and disturbances of the nervous system, as in epilepsy, chorea, paralysis, imbecility, idiocy, and moral and intellectual insanity. Sterility or impaired reproductiveness is another result of consanguinity in marriage, but not of such frequent occurrence as has been thought.

2. When the children seem to escape, the injury may show itself in the grandchildren; so that there may be given to the offspring by the kinship of their parents a potential defect which may become actual in their children, and thenceforward appear as an hereditary disease.

3. Many isolated cases, and even groups of cases, present themselves in which no injurious result can be detected. This may occur even when all other circumstances are of an unfavorable character.

4. As regards mental disease, unions between blood-relations influence idiocy and imbecility more than they do the acquired forms of insanity, or those which show themselves after childhood.

5. The amount of idiocy in Scotland is to some extent increased by the prevalence of consanguine marriages, but the frequency of these marriages does not appear to be nearly so great as has been generally supposed.

A Simple Ophthalmoscope.

Dr. J. Z. Laurence communicates the following to the *British Medical Journal*: "I find that if a convex lens of about two inches focus be placed in close apposition with a concave one of about nine inches focus, and this combination be held before the patient's eye, at the distance the object-lens of an ordinary ophthalmoscope usually is, it forms an ophthalmoscope, uniting in itself the reflecting and refracting elements of that instrument. For, whilst the light from a flame is reflected by two surfaces (the outer concave surface of the concave lens and the internal surface of the convex one) into the patient's eye, it is also, on its emergence therefrom, refracted by the effective convex element of the combination, so as to form the usual indirect image of the fundus oculi at the focal length. With such a rough combination, I have been able to obtain a distinct image of the optic nerve, retinal vessels, etc.; and I may hence not unreasonably hope a properly constructed meniscus will in itself fulfil the conditions of the mirror and object-lens of an ordinary ophthalmoscope."

Improvement of Wines.

It was long a well known fact, says the *Med. News*, quoting from the *Lancet*, that Bordeaux wine which crossed the tropics acquired additional flavor (and the "Bordeaux retour de l'Inde" has always been in great repute amongst connoiseurs), when recently it was discovered that Burgundy could be equally improved under similar circumstances. In the memoir which was read at the Academy a fortnight ago, M. Vergnette de Lamothe, its author, relates that, his attention had been called to this subject, he had discovered that the true cause of this amelioration must be attributed to the heat of the climes through which the wine passes, and he had tried the effect of artificial heat with complete success. Submitted to a temperance of 40 deg. (centigrade), the wine had become just as good as that which had returned from foreign climes. This conclusion M. Pasteur confirmed in the discussion which followed. He mentioned that all diseases of wine are owing to microscopical ferments; and that after having employed with invariable failure, all sorts of means to combat them, he had at last found that an elevated temperature, whilst destroying the noxious bodies, gave considerable relish to the wine.

The Cholera in Egypt.

An Alexandria telegram of July 5, reports considerable diminution in the cholera. There were eighteen deaths on the 4th. The epidemic was stationary at Cairo.

New Rubber Cement.

I have purchased rubber cement of different makers, but have found none so inexpensive, or that dries so rapidly, as a kind made with benzine in the following manner: Cut virgin or native rubber with a wet knife into the thinnest possible slices, and with shears divide these into threads as fine as fine yarn; the finer it is divided the better the cement, and quicker made. Put a small quantity of the threads (say one-tenth or less of the capacity of the bottle) into a wide-mouthed bottle, and fill it three-quarters full with benzine of good quality, perfectly free from oil—such as may be procured at any paint shop for about sixty cents per gallon. The rubber will swell up almost immediately, and in a few days, especially if often shaken, assume the consistence of honey, with a thick sediment at the bottom, which does no harm. Of course it must be well corked except at the time of using. If it incline to remain in undissolved masses, more benzine must be added; but if too thin and watery, it needs more rubber. A piece of solid rubber of the bulk of a walnut will make a pint, more or less, of the cement of proper consistency. This cement dries in a few minutes, and by using three coats in the usual manner will unite leather straps, patches, rubber soles, backs of books, etc., with exceeding firmness. It succeeds perfectly, if benzine free from oil is used in making it; while chloroform is twenty times more expensive, and cannot result in a better product.—*Scientific American.*

Curious Statistics.

The population of Plattsburgh, N. Y., is now 4123. The oldest couple found were husband one hundred and five and wife ninety-five; have lived together seventy-eight years, and had fourteen children. The youngest mother found was aged fifteen years, with a child over one year old, and her husband in the army; twenty-nine mothers who have had ten children each, sixteen who have had eleven, eight who have had fourteen, four who have had sixteen, three who have had seventeen, two who have had eighteen, one who has had twenty, and one who has had twenty-three. There are in the village seventy-nine mothers who have had in the aggregate nine hundred and fifty-six children.

Army and Navy News.

ARMY.

Assigned.—The following-named medical officers have been assigned to duty by Surgeon-General Barnes as Medical Directors of the Military Geographical Departments hereinafter mentioned:

Surgeon Wm. J. Sloane, U. S. A., Department of the East; Surgeon Josiah Simpson, U. S. A., Middle Department; Surgeon Charles S. Tripler, U. S. A., Department of the Ohio; Surgeon E. Cooper, U. S. A., Department of the Tennessee; Surgeon Alonzo J. Phelps, U. S. Vols., Department of Kentucky; Surgeon Eugene H. Abadie, U. S. A., Department of the Missouri; Surgeon James Simons, U. S. A., Department of Virginia; Surgeon D. W. Hand, U. S. Vols, Department of North Carolina; Surgeon M. Clymer, U. S. Vols., Department of South Carolina; Surgeon J. H. Boucher, U. S. Vols., Department of Georgia; Surgeon A. B. Hauers U. S. A., Department of Florida; Surgeon A. E. Goodman, U. S. Vols., Department of Mississippi; Surgeon J. R. Smith, U. S. A., Department of Arkansas; Surgeon P. G. S. Tenbroek, U. S. A., Department of the Columbia; Surgeon Chas. McCormick, U. S. A., Department of California.

MARRIED.

Bennet—Hicks.—In Brooklyn, on Tuesday, July 18, at the residence of the bride's father, by the Rev. J. E. Rockwell, George H. R. Bennet, M. D., and Adelia S., daughter of John M. Hicks, Esq.

Piper—Cumliff.—July 6th, Dr. Ira R. Piper, and Miss Barbara Cumliff, both of Allegheny county, Pa.

Vondersmith—Close.—At St. Paul's M. E. Church, on Tuesday, July 18, by Rev. John Pegg, Jr., Samuel P. Vondersmith, M. D., U. S. A., and Evelina H. Tompkins, daughter of William Close, Esq., both of New York.

DIED.

Blaker.—In this city, on the 18th inst., of disease contracted while surgeon in the army, Gilbert H. Blaker, M. D, in the 47th year of his age.

Corson.—In Montgomery county, Pa., on Thursday, 20th instant, Miss Caroline Corson, eldest daughter of Dr. Hiram and Ann J. Corson.

ANSWERS TO CORRESPONDENTS.

Dr. J. A. J., Oley P. O., Pa.—Elastic stocking sent by mail, July 19th.

Dr. D. W. H., Wauseon, Ohio.—Byford on Chronic Diseases, Skoda on Auscultation, sent by mail, July 19th.

Dr. W. H., Pettysville, Ohio.—Turnbull on Ophthalmoscope, Do. on Nervous Deafness, sent by mail, July 19th.

METEOROLOGY.

July	17,	18,	19,	20.	21,	22,	23.
Wind	N.	N. W.	S.	S W.	S. E.	N.	N.
Weather	Clear.	Clear	Cl'dy, High Wind	Clear, High Wind.	Clear.	Cl'dy, Rain.	Clear.
Depth Rain						1-10	
Thermometer.							
Minimum	66°	57°	61°	72°	66°	70°	61°
At 8 A. M.	69	68	73	79	80	72	70
At 12 M.	72	75	79	83	85	75	77
At 3 P. M.	72	78	78	84	86	78	76
Mean	69.75	69.50	72 75	79.50	79 25	73.75	71.
Barometer.							
At 12 M.	29.8	30.	30.	30.	30 2	30.1	30.1

Germantown, Pa. B. J. Leedom.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61. to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14. 17 & 18, Nov 8. 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept 10, Oct 22, 29, '64, Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers,* of No. 414, Feb. 4, 1865.

THE

MEDICAL AND SURGICAL REPORTER.

No. 440.] PHILADELPHIA, AUGUST 5, 1865. [Vol. XIII.—No. 6.

Original Department.

Communications.

PENETRATING WOUND OF THE HEART. AUTOPSY.

By William H. Helm, M. D.,

Act'g Ass't Surg., U.S.A., Depot Pris. of War, Newport News, Va.

The following statement of circumstances attending the killing of prisoner of war, private Benj. Hurt, Co. A, Cobbs' Ga. Legion, with notes of an autopsy held may 8th, 1865, may prove of interest to some of the readers of the Reporter. It may be premised that this camp was established April 13th, 1865, and the prisoners were very efficiently guarded for some eight weeks, by a negro regiment.

About half past ten, P. M., May 7th, I was sent for to see a prisoner who had been wounded by a sentinel. On arriving at the hospital, accompanied by Drs. Steinmetz and Fritz, Act'g Ass't Surgeons U. S. A., and attached to this camp, I found him lying on his left side, with his knees drawn pretty well up, and his body bent forward. He complained considerably of pain in any position, and begged for some morphia. On examination I found a triangular shaped opening on the posterior portion of the thorax, two inches below the inferior angle of the scapula, and four inches to the right of the spine. On examination with the probe, I found that the probe ran down beneath the skin for two or three inches, but was unable to detect any opening into the thorax. The patient complained of pain, and no change of position seemed to relieve it. His pulse was good, but slightly accelerated. His respiration was very little, if at all affected. The expression of his countenance was slightly uneasy. There was a very slight oozing from the wound. After a consultation, we concluded that it was a non-penetrating wound of the chest. The wound was covered by a piece of dry lint, fastened to the chest by adhesive plaster. A grain of morphia was given him, with directions to give him half a grain in an hour if he was not relieved, and to send for the medical officer of the day, (who slept inside the camp,) or for me, if the man became worse. Toward morning he became delirious, and died about sunrise, without the ward-master having sent for any of the surgeons. The account given to the ward-master and one of the nurses by the prisoner is as follows: A little after 10 o'clock, P. M., he went down to the sink, which is built out into the river on piles, and has a gallery on two sides of it. The prisoners were in the habit of going out on this gallery to urinate. Ignorant of its being a violation of the rules to go to the gallery at night, he went out on it, and while in the act of urination the sentinel halted him. He turned to come back, and when opposite the sentinel, he heard an officer give the order, "Bayonet him," which the sentinel accordingly did. Hurt further stated that the stroke jarred him very much. I do not vouch for the truth of Hurt's account; for though there was a board of investigation, nothing further than its approval of the action of the sentinel was made public; therefore Hurt's is the only account I have. After being wounded, Hurt walked from the sink to the hospital, a distance of about 200 yards, assisted by the sentinel and officer of the guard.

At my request Dr. Fritz made an autopsy at 10 o'clock on the morning of the 8th; at which were present the whole medical staff—eleven in number—except the surgeon in charge, also the chaplain of the regiment on guard, and the military officer of the day.

The triangular opening, as before stated, was four inches to the right of the spine, and two inches below the inferior angle of the scapula. On tracing the path of the bayonet, it was found to have gone downward and to the left, some two inches, beneath the skin, when it entered the ninth intercostal space. Upon opening the thorax, nearly its entire cavity was found filled with clots and semi-fluid blood, of a dark-red hue. The opening in the ninth intercostal space was found, and the further course of the bayonet was traced where it had torn through the outer and right edge of the intervertebral disc, between the ninth and tenth dorsal vertebræ and the ninth dorsal vertebra. The lungs were found to be uninjured. The pericardium contained a clot of bright-red

hue, about the size of a large hen's egg, and several ounces of bloody serum. A small triangular spot was seen on the posterior portion of the base of the left ventricle. The probe sank into the triangular spot by its own weight merely, and on opening the left ventricle, it was found to be a penetrating wound of the heart. The opposite surface of the ventricle was entirely uninjured. The vena cava ascendens was probably pierced by the bayonet, though it was impossible to find the opening, owing to the dense fibrous clots surrounding the vessels and pervading the cellular tissue. This supposition accounts for the large venous hemorrhage, and is entirely probable, as the vena cava ascendens is in the course of the bayonet. As to why the bayonet took such a course, I cannot tell, but suppose the man must have been in the standing posture when struck and stooped suddenly forward: or the sentry having hold of the piece, after striking a downward blow, must have suddenly depressed the butt, thus giving the point of the bayonet an upward course.

IS THERE ALBUMINURIA IN EPILEPSY?

Consequences in regard to its diagnosis with Eclampsia.

(Translated from the Inaugural Thesis of M. Sailly.)

By Ross R. Bunting, M D.,

Of Philadelphia.

Epilepsy and eclampsia of pregnant women are two convulsive diseases, which present symptoms so identical, that authors have regarded them as one and the same affection. M. Cazenu (*Traité d'Accouchements*, p. 787, 1853,) describes eclampsia under the name of puerperal epilepsy. "What is eclampsia compared with epilepsy?" says M. Trousseau, and vice versa.

"Regarding its convulsive form only, epilepsy, whether essential or symptomatic, is nothing but eclampsia *à retours*, and eclampsia is merely transitory and accidental epilepsy."—*Gazette des Hôpitaux*, 1861, No. 19.

According to the opinion of M. Moreau (de Tours) epilepsy and eclampsia, in regard to their form, are one and the same disease, the cause alone differing; he makes a difference between chronic and essential epilepsy, with periodical attacks, incurable in the present state of our knowledge, and epileptiform attacks, (symptomatic epilepsy,) having all the characters of epilepsy, but which supervening under the influence an acute disease, as apoplexy, typhoid fever, verminous diseases, myelitis, or occurring during dentition and labor, attacks to which J. Frank has reserved the name of eclampsia. These attacks cease with the disease of which they are only a symptom.

Valleix (*Guide du Medicin Practicien*, tome iv., 1851,) defines epilepsy, "a nervous apyretic disease, characterized either by sudden attacks returning at variable intervals, the symptoms of which are sudden loss of consciousness, convulsions, and difficulty of respiration."

Thus their only absolute difference are the chronicity and periodicity of epilepsy. But even with these characters very good in themselves, but insufficient, it is necessary to await a subsequent attack before establishing a diagnosis. May it not happen that a woman can have a first attack of epilepsy during pregnancy, which may return at a later period? In regard to the causes of epilepsy some authors consider pregnancy as a determining cause of this disease; others, on the contrary, affirm that pregnancy delays epileptic attacks. The question will always present itself to the physician, whether the disease is systematic or essential, curable or incurable. It is not in the causes, but in the symptoms that we are to find the elements of a good diagnosis; we will consider each of them and endeavor to find out if there be one certain sign of the disease of which we are treating.

The precursory phenomena of the two diseases are identical; the eclamptic attack very rarely comes on unawares to the patient; there are generally present some irascibility of temper, pain and heaviness in the head, some difficulty of respiration, vertigo, dimness of vision, tinnitus aurium, different nervous symptoms; we have the same in epilepsy. If in epilepsy these prodromic symptoms have been known to be absent, is not the same in eclampsia? "In the commencement of an epileptic attack," says M. Beau, "the patient utters a loud cry, then falls with loss of consciousness." M. Tarnier has made use of this symptom in the diagnosis of eclampsia, for in the latter disease there is perfect silence, never any warning cry. This would be an important diagnostic sign, if the cry were always present, but this is far from being the case in every epileptic attack. I have seen at the Salpétrière (hospital) women who never uttered a cry, the nocturnal attacks coming on so suddenly, that if they were not watched with the strictest attention, they would be found dead, asphyxiated under their coverlets; rare accident it is true, but of which there have been cases in this establishment. We may add, that the physician is rarely present at the commencement of an attack. It has been said that in epilepsy there was always an *aura;* that the beginning of the attack was more sud-

den than that of eclampsia; this, however, has not been proven; besides it is very difficult to form an opinion about a greater or less degree of suddenness. Has not the *aura* been contested by M. Calmeil? and all those who have seen cases of epilepsy, know that the attacks are sometimes so sudden, that the patient himself cannot foresee them. In the different phenomena of the attacks, the differential diagnosis has also been sought for; thus, it has been said that there was a difference in the form of the convulsions; in epilepsy there were rapid jerks; in eclampsia violent torsion of the limbs. But in these two affections the convulsions are identical; in both tetanic stiffness, twisting of the limbs, tonic and clonic convulsions. But there is one phenomenon which is of great importance; this is the involuntary evacuations. During the attack of eclampsia, the patients do not urinate; there are no involuntary evacuations; in epilepsy, on the contrary, there always are. There are, however, some exceptions to this rule. I observed at the Salpétière hospital an epileptic patient who during her attack never urinated; it was necessary to draw off her water. From the 24th February until the 12th of March, she never urinated alone; since the last date, there is incontinence of urine. From what I have been able to learn, this incontinence will last about a fortnight, when she will be as well as before the occurrence of the epileptic attack.

But if the involuntary emission of urine does not take place in all cases of epilepsy, it is rarely absent, whilst in eclampsia it never exists. It was no doubt by mistake that M. Cazeaux admitted the existence of involuntary evacuations in eclampsia; for authors who have written on this subject, and M. Blot in particular, have never observed it; it is necessary to make use of the catheter during the attack if you wish to examine the urine. Some authors have affirmed, that in epilepsy the comatose period is of less duration, that the patient returned to consciousness much sooner; they probably meant the simple cases, for there are paroxysms which are no sooner finished than another commences, so that there may be a series of fifteen, twenty, even twenty-five successive paroxysms, during which the patient does not return to consciousness. From what we have mentioned of the principal symptoms, it appears there is not one of them which is peculiar to either of these two diseases. Neither in the prodromic symptoms, nor in the phenomena of the paroxysm, do we find any element of diagnosis. From the similitude of the symptoms must we conclude that these two affections are identical? We must admit a capital difference between them, the proof of which we have in the treatment. Do we not succeed in suspending for a time the eclamptic phenomena by the administration of chloroform? This heroic plan of treatment, recommended by Simpson, renders us here important service. Is it the same in epilepsy? M. Moreau (de Tours) has tried the anæsthetic method with his patients at Bicetre, but he was obliged to renounce it, as convulsions of a tetanic form followed its administration in several instances. We are obliged to recognize the fact, that these two diseases, the manifestations of which are identical, are essentially different as to their nature; this is a very important fact in reference to their prognosis. There is one symptom almost constant in eclampsia, the importance of which has been much insisted upon, and which, according to our experience, is *the principal symptom* in the diagnosis of these two diseases; I allude to albuminuria.

Albuminuria in Eclampsia.

Having experienced the difficulty of obtaining a certain diagnosis in eclampsia, M. Blot suggested that perhaps, by a comparison of the urine of the two diseases, a solution of the difficulty might be obtained; he advised me to make researches in this respect among epileptic women. It is a fact admitted by almost every one, that albumen always exists in the urine of women affected with eclampsia. M. Blot, in his Inaugural Thesis, (1849,) has shown by experiments, that in eclampsia the urine always contains albumen, very often in great quantities; it is true that this author only mentions seven cases of eclampsia, but since that time he has seen a great number, and has always found the urine albuminous. He has demonstrated besides that during the attacks, the urine secreted contains more albumen, than when there are none; that in almost every case the cause of the albumenuaria is owing to a simple renal hyperæmia, a mere functional trouble of the kidneys; that primipara seem more subject to albuminuria and eclampsia; that all the cases of eclampsia he has observed have been accompanied with albuminuria, although the converse is not true, for there are many pregnant women with albumen in their urine without being affected with eclampsia; that albuminuria disappears soon after delivery, never to return, and that it sometimes disappears after the paroxysm, reappearing at the next attack. MM. Simpson, Leser, Sabatier, Legroua, and others, have confirmed the above facts. "Every woman affected with eclampsia," says M. Becquerel, "at the moment of labor,

presents albumen in the urine." M. Depaul reported two cases of eclampsia without albuminuria, observed by M. Mascarel, besides the one given by Leser in which there was none, and in which at the autopsy there were found traces of meningitis. Was it eclampsia or meningitis?

M. Blot at Hôpital des Cliniques, in two different cases, seeing the patients in a deep coma, did not hesitate to diagnosticate meningitis on account of the absence of albumen in the urine; which diagnosis was confirmed at the autopsy. Whatever importance these rare exceptions may present, we may ask ourselves two questions: Was this really eclampsia? Have the researches been made with care?

M. Blot, in his researches on the albumenuria of pregnant women, mentions several cases in which the urine being alkaline, the albumen was not precipitated by heat, but a few drops of nitric acid gave quite an abundant precipitate; whence the necessity of always remarking the alcalinity or acidity of the urine before the experiment.

Admitting that there may have been no error in the exceptional facts mentioned above, we can still regard albuminuria as almost always constant ine clampsia.

These facts established, I was desirous of ascertaining if the same existed in epilepsy.

[To be continued.]

ON DISEASES OF THE INTERNAL EAR.

By Laurence Turnbull, M.D.,

Aural Surgeon to Howard Hospital, Philadelphia.

(Continued from page 72.)

1. Dysecoia Labyrinthica.

Causes. Congenital defective formations of the labyrinth have been observed which approximate to those of the lower animals, for instance, the cochlea, vestibule, and semi-circular canals formed one irregular cavity without any membranous opening into the tympanum. In other cases, the cochlea was found developed without a spiral, in the form of a sac, or rudimentary, with only one or one and a half turns in its bony walls; in other cases, one or two only of the three semicircular canals were present; the labyrinth fluid was transformed into a thick jelly, etc. etc.

Acquired dysecoia labyrinthica may be, with a few cases of true neuroses, always referred to pathological changes in the labyrinth, which occasion a manifest acoustic injury. To these belong, as Toynbee also shows: 1, qualitative and quantitative changes in the labyrinth fluid; 2, qualitative and quantitative changes in the tunica retina, since according to acoustic principles, only thin membranes have the power of conducting the sound from the labyrinth fluid to the fixed bodies, the nerve endings, and if too thick, (*e. g.*, indurated hyperæmic tunicæ retinæ,) or too thin, (*e. g.*, atrophied tunicæ retinæ,) this power is impaired. But as no acoustic hardness of hearing passes a certain point, so no organic nervous structural changes in the labyrinth can fully destroy the condition of sound vibration by the bones of the head, and therefore in all these cases the tuning-fork can be heard.

If now on the one hand, an attempt at a minute diagnosis of all possible structural changes in the labyrinth during life should give rise to futile hypotheses, yet on the other hand, we have obtained sufficient data to warrant us in risking an attempt to diagnose some of them with some precision. At the same time, we will use as great simplicity as possible, and continually bear in mind that in science we must always make errors before we arrive at truth. Without starting on the race, how can we expect to reach the goal.

According to my clinical experience, I shall at present describe five forms, which are distinguished by important symptoms, and in the treatment of which I have had very favorable results, viz.

1. Apoplexies and hemorrhages, greater or less, generally in the nervous tunic, sometimes in the periosteum.

2. Chronic inflammation, hyperæmic and structural changes in the nervous tunic, hypertrophies and atrophies.

3. Inflammations of the periosteum with its extensions into the labyrinth fluid.

4. Reflex-relations.

5. True dynamical neuroses, peripheric anæsthesia, and atrophy of the auditory nerve.

The diagnosis of extravasation of blood from the vessels of the nervous tunic is best shown by an example.

A man over fifty years of age consulted me on Jan. 17th, 1857, who had been perfectly deaf in the left ear since childhood, but had enjoyed good hearing in the right ear until a few days before. He had caught cold, and suddenly experienced a humming in the ear attended with dullness of hearing, (the result, in my opinion, of congestion of the nervous tunic of the labyrinth.) An acquaintance advised him to apply warm herb satchets; he applied them rather too warm to the ear, and suddenly entirely lost his hearing, without however experiencing pain. The unbearable humming was continual from this time.

* From Erhard.—Rationelle Otiatrik nach klinischen Beobachtungen bearbeitet. Erlangen, 1839.

The case presented the following symptoms on Jan. 17: perfect condition of the general health, absence of all cerebral symptoms, with loss of hearing, conduction by the bones of the head of the watch, but not of the tuning-fork. The acoustic apparatus was perfectly normal, hearing distance scarcely one inch for the case-watch, power of understanding speech impaired. The cause could then exist only in the labyrinth, all symptoms of inflammation were wanting, there was no pain, the commencement was abrupt, and this taken together with the exciting cause, made it more than probable that the case was one of hemorrhage from congested capillaries, and that the subjective hearing (the humming) was caused by the pressure of the extravasated blood, whilst at the same time impressions of the auditory nerve fibres could not be taken in.

Treatment. The indication was to cause the absorption of the extravasation in the labyrinth, without however there being any necessity for our diagnosticating in what portion of the labyrinth it exists, whether in the vestibule or cochlea?

The patient was ordered to remain in bed, to apply ten leeches, and to allow the bleeding to continue for half an hour, to take an emetic, and to apply in the evening a good-sized mustard plaster to the nape of the neck. On the 18th, another application of four leeches was made, and instead of the mustard plaster a strong fly blister was applied, and perspiration encouraged by warm decoctions for drink. On the 20th, a slight improvement was manifest, for the same watch, which on the 17th, could not be heard at all, could now be heard at the distance of two inches. I now began the use of iodide of potassium with infusion of senna, making at the same time counter-irritation at the nape of the neck. I continued this treatment eight days, and had the satisfaction of witnessing a daily improvement as the absorption of the extravasation went on, and on the 31st of January I left him cured.

It is possible that the absorption might have taken place spontaneously, but it is also possible that it might have caused a pigmentary deposit or other metamorphoses.

With this is connected

a. Hardness of hearing resulting from concussion and explosion.

I have already mentioned, when treating of hemorrhages, that they may come from the capillaries of the external meatus and tympanum, as the result of jars, falls, pressure, or violent explosions. We have no cause for doubting that similar hemorrhages may take place in the nervous tunic of the labyrinth, richly endowed as it is with vessels. If therefore any one suddenly becomes deaf without pain, after a fall, a blow on the ear, an explosion, or the like, and if at the same time we have destruction of the power of hearing watches by conduction of the sound by the bones of the head, whilst at the same time there is absence of cerebral symptoms, and integrity of the acoustic apparatus, we may consider the case as one of hemorrhage, varying in degree according to the degree of deafness. The nervous deafness of smiths and artillerists is really a continued capillary apoplexy, although it comes on chronically, (for it is probably made up of a succession of acute hemorrhages,) and especially have we reason to believe so when we consider how strong an impression a violent blow of the stirrup on the vestibule, and in this manner a direct concussion of the nervous tunic, must produce.

I should doubt the taking of an impression by the auditory nerve in such cases, because the auditory nerve does not ramify in a hard medium, but in a perfectly moveable swimming membrane.

As we might suppose, hemorrhage after violence may sometimes be of a complicated nature. On Feb. 6th, 1856, a physician of the place brought me a soldier who had received, about six weeks previously, a couple of violent blows on the ear from an officer. There was an immediate discharge of blood from the ears and nose, and the soldier fainted and became deaf in both ears. Hemorrhagic discharge from the ear, in my opinion, comes only from the dermoid layer of the external meatus, for a rupture of the membrana tympani is rare, and even when it exists, it would not give free exit to blood extravasated in the tympanum. Afterward the patient was attacked with meningitis, which had a fortunate termination. On Feb. 6th, his case presented the following symptoms:

Bony conduction was wanting, the hearing distance on both sides for a clock-watch was half a foot, for a bell three feet; no symptoms involving the cerebellum, no paralysis of the facial, no change in the voice; a case therefore of peripheric-nervous deafness.

In addition to this, the external meatus was catarrhally inflamed, as was also the membrana tympani, in which also there existed a perforation. Inasmuch as the discharge was for a long time after the attack mixed with blood, I diagnosed that there existed also a hemorrhage into the various cavities of the ear, and a metamorphosis of the extravasated blood in the labyrinth. Of

course, all that I could do was to treat the chronic catarrh, but not the deeper-seated malady.

A violent cold may also cause apoplexies of this nature. On May 3d, 1855, a merchant of fifty years of ago, from Triest, consulted me, who, during a night-watch in the year 1848, suddenly became affected with hardness of hearing, unattended with pain, but with the most tormenting humming in the ear. Although his hardness of hearing had lasted ten years, it had not increased, and the tuning-fork could be heard by bony conduction, although watches could not, and a pocket-watch could be heard at a distance of several inches, and he could understand speech well, but the humming in his ears robbed him of all pleasure in life, and made him a perfect hypochondriac.

b. Chronic inflammations of the nervous tunics and their results.

Inflammations of the nervous tunic are very frequent, the characteristic symptoms are the continual humming unattended with pain, together with abolished bone conduction, and in the commencement, the hearing is only slightly affected; along with this is the pathognomonic symptom that the secretion of cerumen is never normal, but this symptom has diagnostic value only in those cases in which the malady is confined to one ear and the secretion is present in the other. We distinguish between the subacute and the chronic form of the commencement; in the subacute form, the patient can generally mark the period of commencement, in the chronic form he cannot. The subacute form is either confined to one side, as hyperæmia rheumatica, or exists on both sides, as hyperæmia catarrhalis, and in these cases is always an accompaniment of other rheumatic or catarrhal affections.

If a person tells us that he experiences humming in the ears and loss of hearing simultaneously with catarrh of the nasal passages, we conclude that the case is one of extension of the catarrh to the tympanum; if however we bring the watch to aid our diagnosis, we correct our error, for we then perceive that bony conduction is wanting, and finally we also correct our error by the use of the catheter. The same thing happens if there is a simultaneous catarrh of the digestive or respiratory passages.

The chronic form comes on perfectly, gradually, generally coincident with or following the suppression of customary secretions, such as the perspiration from the feet, etc., or after a disturbance in the circulation of parts whose vessels have an anatomatic connection with those of the ear, after a too close cutting of the hair, or its falling out, finally from the effects of cold, either remaining too long with the head uncovered in a cold atmosphere, or in the injudicious use of cold baths, seabathing, the use of frictions or cold water cures. The absence of cerumen is constant, as is also its return on the disappearance of the congestion and humming.

Finally, this congestion may appear as an attendant of inflammations of the surrounding parts, such as the meatus and the tympanum, as we have already seen, but in such cases pain is present.

[To be continued.]

PATHOLOGY AND TREATMENT OF ULCERATIVE INFLAMMATION OF THE SPINE.

By Benjamin Lee, M. D.,

Of Philadelphia.

Read before the Medical Society of the State of Pennsylvania, at its sessions at Altoona, June, 1865.

(Continued from page 69.)

But many of my professional brethren will say, "We concede you this argument from pathology. We do not believe any more than you do in the tubercular essentiality theory. We take you on your own ground, and admit that in the greater number of cases we have to combat a traumatic inflammation, whether of the bone itself, of its investing membrane, or of the inter-vertebral cartilage. Why is not counter-irritation in the manner animadverted on, allowable and advisable under these circumstances?" I answer—first, because a strict regard for the ethics of our art, and our honest self-respect, will not permit us to make use of any remedies, however harmless, upon mere theory, if experience has proved them to be inert. Still less, may we suffer the beauty of a theory to lead us to the adoption of means which after a fair trial have failed to establish their efficacy, if their employment is necessarily attended by excruciating pain, nervous irritation, and general exhaustion. The evidence of its utility should be ample and overwhelming, which could lead us to initiate a mode of treatment which is in itself a disease, and which, were any of us suffering from it, would often be sufficient to incapaciate us from the discharge of our ordinary duties.

Because a patient has gotten rid of a persistent pain in the back while a process of counter-irritation has been going on, we have no right to infer that a case of spinal caries has been averted; for, first, pain in the back may have many other causes; and, second, I assert it most positively, *pain in the back is not a characteristic symptom or even a constant accompaniment of true*

spinal disease. In the earlier stages of the affection it is indeed rarely present, generally resulting from the undue strain upon the posterior spinal muscles and ligaments, caused by the growing deformity, and to be classed with the ordinary back-ache of debility.

It is a well-known law that lesions of nerve-centres or of main trunks exhibit their earliest and often their only manifestations, not at or near the seat of disturbance, but at the extremities of the nerves which have their origin at this point, and a recognition of this law would lead us to anticipate what careful observation will confirm, that, with the exception of deformity, the symptoms of commencing caries of the vertebræ are all general in their character, and at a distance from their source.

But, secondly, this treatment has not even the apology of a plausible and well-reasoned theory to bolster it up. Our standard writers on materia medica, prominent among whom stands PEREIRA, are forced to acknowledge that all attempts to place counter-irritation upon a rational foundation have utterly failed; that it is based on the observed counteraction of certain diseases upon certain other diseases existing at the time of their incipiency, is purely experimental and empirical, and is justified only by its results in certain classes of cases.

While I can readily admit the possibility of revulsion when we place the entire intestinal tract in a state of erethism, and excite a copious discharge from all its follicles—while I can understand how an agent which stimulates the capillary circulation of the entire lower extremities may exert a derivative influence from distant parts, it does tax our powers of comprehension to appreciate how a small circumscribed focus of suppuration which possesses no controlling influence over the circulation, can have any other effect than simply to increase general nervous irritability. That it can restore a carious bone to soundness, appears to me the wildest of fancies.

Thirdly, and especially, this treatment is neither advisable nor admissable, because it consumes precious time, and prevents the employment of a means which is infinitely superior. The most that any man can claim for the results of his counter-irritation in any given case, is to fall back upon the miserable conscience-salving subterfuge, "If it had not been used, the patient might have been worse." All that can be asserted for it is negative. But the physician who makes use of complete support and relief from pressure on the diseased surfaces of contact in this affection, will find to his delight a daily positive improvement which he can trace directly to the treatment which he has adopted.

Let us take the most favorable possible case for the trial—the incipient stage of inflammation, whether traumatic or idiopathic. What condition have we here that does not exist in a case of simple fracture of a long bone? In both there is inflammation of osseous tissue aggravated by motion and pressure. And yet, as Dr. BAUER pertinently suggests, "To what physician has it ever occurred to put a seton or an issue over the seat of a fracture?" Suppose the attempt to be made, and the splints thrown aside as "clumsy mechanical contrivances," who has any doubt as to the result. The parallel is not as forced as might at first sight appear. Did not humanity forbid, I would agree to take any case of simple fracture of the thigh, for instance, and subjecting it daily to the same amount of pressure and irritation that an inflamed vertebra receives, to develop, in the course of a few months or even weeks, locally caries, and generally, as complete a strumous cachexia, as is found in the average cases of POTT's disease, and this even though the leg was girdled with setons and issues.

The records of what hospital, the experience of what physician, do not display examples of caries, hectic, cachexia, and even tubercular depositions in distant organs, as the result of compound and comminuted fractures in perfectly healthy individuals? From this analogy, if we are wise, we shall take our hint for the treatment of the spinal affection. But whatever other means be adopted, in the name of humanity, of conservative surgery, of rational medicine, of common sense, which is but another name for pure science familiarly expressed, and of the professional conscience, itself too often seared with the hot iron of routine, I respectfully but earnestly protest against the continuance of a practice based neither on sound reasoning nor successful experience, which is not only intensely painful and extremely disgusting, but confessedly capable of working injury to the general health, and which entirely prevents the employment of the only rational and successful method of treatment.

Furthermore, I appeal to my professional brethren in behalf of an earlier recognition of the existence of this terrible disease. Why is it that our ears are so often pained by the story the mother so sadly tells us, as her eyes rest on the poor little misshapen sufferer by her side, of the long period of invasion, during which all her maternal anxieties are aroused; how she repeatedly called the attention of her medical adviser

to the child's condition only to have her fears ridiculed: how her own suspicions as to the safety of the spine began to be awakened—she knew not why—only it would seem by a mother's instinct; how the physician's particular attention was invited to this question, and how he still refused to see anything beyond some trifling indisposition and the mother's nervousness; how he even perhaps sustained his opinion, when hard-pressed, by calling to his aid a fellow-practitioner who fully supported his view of the case, until at last the fatal projection began to show itself, and a perceptible and rapidly increasing deformity confirmed all her anxious forebodings, and convinced the unwilling doctor, before whose eyes all this time a train of symptoms had been slowly passing, as marked, as characteristic, and as easily recognizable to a practised observer, as the signs of invasion of measles or scarlatina, nay, even as the eruptions which distinguish those diseases.

In the present somewhat divided state of professional opinion on some cardinal points of treatment, caution may be advisable in condemning what seems erroneous to us in the therapeutics of others, but, in this day, when diagnosis is justly made so prominent a part of a thorough medical education, it is greatly to the discredit of the profession, a veritable *opprobrium*, that the discovery of the existence of an affection so well defined in its symptoms, so disastrous in its results, and so amenable to treatment in its earlier stages, should be not only left to unprofessional acuteness, but so often positively and repeatedly denied by the professional attendant. It is no excuse for such remissness to say that mothers, in their hyper-anxiety, often fancy spinal disease when none exists. The very object of a physician's training, the very theory of his attendance, is that his science, experience, and sagacity will enable him wisely to decide between morbid fancies and well-grounded apprehensions, and he neglects his duty when he carelessly and sweepingly stigmatizes every suggestion of the devoted and anxious parent as the offspring of pure nervousness, and unworthy his sapient consideration. It is quite possible, in the vast majority of cases, for the physician to recognize the disease before any projecting spinous process attracts the attention of the mother, and confutes his deliberately expressed opinion. That this is the case, allow me to show by briefly detailing the symptoms, as nearly as possible in their sequence.

1. Prominent among the early signs—so prominent that I have ventured elsewhere to call it "The Initial symptom," is *pain*, not in the back, not along the spine—for as already said, that is not a symptom, and is scarcely even seen at the outset—but in the *abdomen*, and generally so circumscribed that we may call it gastralgia, although it is doubtful if the intestinal canal be not as much concerned in its production as the stomach. The character of this pain is spasmodic and paroxysmal; I am led to suppose that it arises from spasm of the muscular fibres of the stomach and intestines. It may be caused immediately by the introduction of food into the stomach, by movement or shock to the trunk, as by being lifted, or it may, and perhaps often does, come on without any apparent cause. It is intense and excruciating, often causing most piercing cries; commences suddenly, and as suddenly abates; may be controlled by opium, but yields scarcely perceptibly to ordinary remedies for gastralgia or colic. In some instances it extends to the sides, and very rarely finds its way round to the back and spine. But this is the exception. After the mother has exhausted her household remedies in vain, the physician is called in. If he belong to what we call among ourselves the old school, he gives a vermifuge; if to the new, bismuth; and failing to relieve it, in either case, he may go on from experiment to experiment, until the actual disease either shows itself and discloses the true nature of the affection, or the pain gradually ceases spontaneously, which it not unfrequently does as the case progresses.

2. Irritability of temper to an excessive degree; nervous impatience and excitability, alternating with malaise and disinclination to exertion. The sudden change in the disposition when relief is procured, is one of the most noticeable features of its treatment.

3. An inability to hold the trunk erect; a constant aiming for support anteriorly; the child, if able to walk, frequently coming to lean on the mother's knee or against a chair, and disliking to be long on its feet.

4. A short, jerking respiration, often quite labored, and accompanied with a slight vocal emission during expiration; often severe and protracted hiccough.

5. A peculiar and altogether characteristic gait and carriage, having for its object the avoidance of shock and concussion to the spine, and its support by the aid of the muscles of the trunk. To this end the feet are held rather wide apart, with the toes either direct or turned in; often very much so. There is a slight bending at the knee and hip, to give a greater opportunity for spring, in relieving the force of a descending or accidental step. The trunk bends slightly forward from the hips; the shoulders are thrown back and ele-

vated, and the involuntary swing of the arms somewhat repressed. The head is often thrown back, the occiput sometimes resting on the upper dorsal spine; (this is very noticeable in infants.) The patient objects to turning his head rapidly; moving the body with it, when the attention is attracted. He avoids stepping down from any height, even that of an ordinary stair; will not run or jump; and when desirous of stooping does so by flexing one knee, the back not bending at all. The key to the aspect is the rigidity of the spine, to the gait, avoidance of shock. The feet are raised but very slightly in walking, thus producing a kind of gliding motion, and also a tendency to trip or strike the toe.

The forward inclination of the body on the hips is sometimes so extreme, that the patient stands or walks habitually with one hand resting on the thigh just above the knee; and as the right hand is generally in use, the left is the one which is thus employed in relieving the pressure from the weight of the trunk. This is often with slight deformity.

6. Coupled with these characteristic symptoms, more than one of which are rarely absent, is usually observed the gradual development of a cachectic condition, palor, emaciation or flabbiness of the muscles, tumefaction of the abdomen, loss or perversion of appetite, and very frequently, failure of the digestive power. In some rare cases, paralysis is the first premonition. Dr. Stillé, of Philadelphia, has recently related to me a case in which partial paralysis of the left arm, in an otherwise perfectly healthy, robust young woman, was the first thing to attract the attention of herself or her family. This was followed, at no very long interval, by complete paralysis, both of voluntary and involuntary muscles, and death. Dr. S., with a rare acuteness, diagnosticated caries of the last cervical vertebra, and a post-mortem examination confirmed his opinion; this vertebra being completely perforated by the ulcerative process, which had actually opened into the medullary canal.

With such an array of symptoms, all of which are more or less peculiar to the affection, at his disposal, it is not too much to ask that the physician should not calmly await the evidence that the disease has passed into the stage of ulceration and absorption, before he can make up his mind as to its existence.

One word of caution, and I have done. Let no physician base his opinion as to the existence of the disease on the presence or absence of tenderness at the suspected point. Its occurrence is only less rare than that of spontaneous pain; and when present, it is accidental. The sufferings of the patient result from the vertical pressure produced by the weight of the head and trunk. A horizontal force applied to the projecting spine not only cannot increase it, but may, if it exert any action, diminish it, and hence prove grateful rather than painful to the patient. There is too much reason to fear that the tenderness which some physicians are so successful in discovering, is simply due to the bruising of the attenuated tissues by their own thumbs and knuckles.

We are fond of claiming it as one of the results which medical science has reason to be proud of, that the sad disfigurement of the human face produced by that once fearful scourge, small-pox, pains our eyes so much less frequently than it did those of our fathers; and enthusiasts have even been found to express the conviction that one day the discovery of Jenner would render such a sight entirely unknown. What vaccination has done for variola—careful diagnosis, coupled with judicious mechanical treatment, may yet do for gibbus; and it is not too much to hope that we may live to see the time when the horrible deformities which almost daily meet our eyes, will, save as the result of direct violence, become so rare as to be only objects of scientific interest.

Hospital Reports.

Jefferson Medical College,
April 12th, 1865.

Surgical Clinic by Prof. Gross.

Reported by William T. Bullock, M. D., of Rhode Island.

Scirrhus of the Mammary Gland.

May 3d. 1. Mrs. H., forty-five years of age. This woman first presented herself on the 22d day of March last. At that time she had a hard moveable tumor of the breast, which was the seat of much lancinating pain.

The tumor had existed for three years, but had not been a source of annoyance from its pain until within a year. The breast was indurated, and the nipple retracted. Some of the axillary glands were enlarged and indurated.

The breast was removed, the incision through the integument being made of an elliptical shape, so as to include the nipple, and to correspond in its direction with the fibres of the great pectoral muscle.

The parts are now looking well, although there is some hardness of the tissues around the cicatrix, owing to the effusion of plastic matter, and the granulations at some points are too exuber-

ant. One part of the tincture of iodine diluted with two parts of alcohol should be applied to the indurated surface, and the granulations having been trimmed off with the scissors, must be touched with the solid nitrate of silver. The use of tonics, and milk-punch, previously prescribed, must be continued.

2. Hannah J., thirty-six years of age. The disease is of seven month's duration, and is now in the stage of ulceration. The affection apparently commenced in the parts between the breast and axillary glands. The great pectoral muscle is now both overlaid and underlaid by the tumor, and the entire breast is indurated from the extension of the inflammatory action and deposit of plastic matter.

The ulcerated surface, which is of large extent, discharges a large quantity of thin, highly-offensive pus, occasionally mixed with blood. The patient complains of a superficial lancinating pain, is extremely thin and pale, but sleeps well at night.

The morbid action is too far advanced for an operation to be of any service. The ulcer should be washed with a solution of the permanganate of potassa, to correct the foul odor of the discharge, and the patient must be supported by the administration of iron, quinine, milk punch, and a nutritious diet.

Paronychia.

Ellen T., fifty-five years of age, is suffering from a neglected whitlow, of six weeks' duration. The finger is enormously swollen, and presents several ulcers along its surface. The patient suffers from much pain in the affected parts, being unable to sleep from its severity. Her tongue is coated, and she has lost flesh and appetite.

This affection probably commenced in the cellular tissue of the finger, but the inflammatory action has now extended to all the structures of the part, even the joints being involved. In cases of this kind, when the morbid action extends to the periosteum, the pus which is formed is unable to escape, and is the cause of great suffering, from the tension which it produces, and if the case is neglected may give rise to exfoliation of the bone, or may extend up along the tendons, thus involving the wrist, or even the forearm in the morbid action.

The disease resembles furuncle or carbuncle very much, arising without any apparent cause, but is probably dependent upon disorder of the secretions. There is no abortive treatment for this affection, but it may be arrested, or at least modified soon after its occurrence, by making an incision along the diseased finger, being careful to make the incision long and deep, carrying the knife down to the bone. Tension is thus relieved, and a free vent for the escape of pus furnished.

Talipes Varus.

E. K., five months old. Both feet are deformed in this case. The feet are restored to their natural position by the subcutaneous division of the tendo-Achillis, and the use of a little mechanical force. At the expiration of forty-eight hours, the limbs may be placed in the club-foot apparatus, which must be worn for six or eight months, the limbs being taken out occasionally, for the purpose of cleanliness.

Potts' Disease of the Spine.

1. Martha S., four years old. This case illustrates the good result from treating this disease by absolute recumbency. The actual cautery was applied to this child in July last, and her parents ordered to place her in bed, from which she was not to rise under any pretext whatever. She now presents herself cured of the disease, and with but little resulting deformity.

2. Helen D., five years of age, has been suffering from tuberculosis of the vertebræ for six months past. There is already some deformity, which it is now too late to relieve.

An issue must be made by means of the actual cautery, near the seat of the disease, and the child kept constantly in the recumbent position to avoid further deformity. The eschar made by the hot iron will drop off in from three to four days, and a freely suppurating surface left, which may be dressed with an ordinary poultice. Rigid recumbency, with a nutritious diet and chalybeate tonics, was enjoined.

Epithelioma.

Pat. D., sixty years of age. The tumor is situated on the edge of the lower lip, a little to the right of the medial line. It is of three months' duration. The base of the growth is indurated, and its surface ulcerated at several points, from which there is a slight discharge of a fetid character. The gum is sound, but toothless, and the frenum is free from disease, but the lymphatic glands at the base of the jaw are slightly indurated. This disease is called epithelioma, though it is really nothing more than scirrhus, its appearance being modified by the nature of the part affected. Death usually occurs in this affection, from nine to eighteen months from its commencement. A V-shaped portion of the lip, including the diseased structure, is removed, and the parts nicely adjusted by the twisted suture.

May 10th. P. D., the patient operated upon, a week ago to-day, presents himself this morning,

with the wound made by the knife entirely closed, and with but little deformity of the mouth, although a large portion of the lower lip was removed in the operation. The pins, which were introduced in making the twisted suture, were removed on the third day from the operation.

Fibrous Tumor of the Arch of the Palate.

John T., eight years of age, presents himself on account of a tumor of the arch of the palate, on the right side of the uvula, a remarkable situation for a growth of this kind. Hanging down into the fauces, it is of a grayish color, and interferes considerably with respiration and deglutition, and the voice is muffled.

It has increased in size quite rapidly since it was first noticed, two months ago. Judging from its feel, it is probably of fibrous nature, but whether of a benign or malignant character is uncertain.

It would be an easy matter to excise this tumor, but it is evident from its rapid growth that it must be very vascular, and might give rise to troublesome hemorrhage, if removed in this way. A silver wire, passed through a double canula, was therefore placed around the base of the tumor, and twisted tightly by turning the instrument on its axis. The tumor, thus separated from its attachments, was drawn from the mouth.

No hemorrhage followed. The lad returned in a week, perfectly well. A microscopic examination proved the morbid growth to be of a strictly fibrous structure. It had doubtless existed a considerable time before it attracted any attention.

Strumous Abscess.

Annie P., twenty-two years of age, has a tumor on the left side of her neck, just below the lobe of the ear, and extending over the jaw to a slight extent. The tumor is perfectly movable, and fluctuates under pressure. Upon introducing an exploring needle there is an escape of pus. This is a case of cold, strumous, or chronic abscess, having its origin in one of the lymphatic glands. The abscess is opened at its most dependent part, the pus evacuated, and a tent introduced. The following pill is prescribed, to be taken every night for several days.

℞. Pil. hydrarg., gr. iij.
P. ipecac., gr. ¼. M.

Periostitis.

John Z., forty-eight years of age. This man has several openings through the integument, over the mastoid process of the temporal bone, of the left side. These openings discharge a small quantity of pus, and the surrounding parts are indurated and hypertrophied. A probe introduced through one of the openings passes along a sinus of an inch or more in length, but cannot be brought in contact with the bone. The periosteum is probably affected in this case, with perhaps disease of the bone also.

℞. Natri iodidi, ℥iij.
Hydrarg. chlor. corrosiv., gr. iv.
Aquæ, f.℥iv. M.

Take a teaspoonful three times a day.

Apply the dilute tincture of iodine to the affected parts.

Single Hare Lip.

Child five weeks old. The lip is first detached from its connection with the gum for some distance from the sides of the fissure. The edges of the fissure are then carefully pared and brought into apposition by means of a twisted suture.

May 17th. The parts have united nicely by the first intention; the pins were removed three days after the operation.

Gunshot Wound of the Femur.

Alexander W., twenty-two years of age. This man received a wound from a musket ball nearly two years ago. The ball, which entered the outer side of the thigh about its middle, is believed by the patient to be still remaining in the wound. There is an opening where the ball entered communicating with a sinus, of about four inches in length, from which pus is constantly discharged. A probe passed through the sinus fails to detect the presence of the ball, but there is evidently dead bone at the bottom of the passage. The sinus is slit open with a probe-pointed bistoury, and several pieces of dead bone removed with a pair of forceps.

The wound being syringed carefully, a piece of lint is introduced, in order that it may heal from the bottom.

Ganglion on the Wrist.

May 17th. George C., twenty-two years of age, has a tumor at the posterior surface of the right wrist, over the tendons of the exterior muscles of the index and middle fingers. The tumor feels very hard, as if it contained some solid substance. Upon cutting into the growth it is found to be filled with the ordinary contents of a synovial pouch. The inner surface of the bursa was brushed over with a dilute solution of iodine, and it was then closed by adhesive strips and collodion.

Ptosis.

Emma B., two years old, was operated upon for the relief of congenital ptosis about twelve months ago. The operation consisted in the removal of an elliptical portion of the skin and subcutaneous cellular tissue of the superior lid, with some of the

fibres of the orbicular muscle, and the approximation of the edges of the wound thus made by a few points of the interrupted suture. The patient is entirely relieved of her affection.

Ozœna.

Elizabeth C., nine months old, is pale, emaciated, and hydrocephalic. She is suffering from an offensive discharge from the nostrils, and the nasal bones are diseased, as is shown by the flattening of the nose, the result probably of a syphilitic taint.

The prescription consisted of a teaspoonful of whiskey, and half a teaspoonful of cod liver oil three times a day, with the internal use of iodide of sodium and bichloride of mercury.

Editorial Department.

Periscope.

Injuries sustained by the late President of the United States.

In the London *Lancet* is a paper by Mr. T. Longmore, Prof. of Military Surgery at the Army Medical School, where he quotes from the Reporter the post-mortem appearance as furnished us by Ass't Surgeon C. S. Taft, U. S. A., and also the following question: "Were the fractures of the orbitar processes of the frontal bone, observed at the post-mortem inspection of the late President Lincoln, produced by contre-coup?"

It will be remembered that the pistol-ball, a round one, was fired, as is well known, by the assassin from a distance of a few feet only, and struck the President on the back of the head. The autopsy showed that the projectile had penetrated the occipital bone one inch to the left of the longitudinal sinus; had driven before it for about three inches the piece of bone which it had punched out, as it were; and that, leaving this fragment behind, it had itself then passed on obliquely across, from left to right, through the brain-substance to the anterior lobe of the right hemisphere, in which it lodged, immediately over the right orbit. The ball did not strike the anterior part of the cranium, its force having been expended before reaching so far; yet, the orbitar plates of *both* orbits were found to be the seats of comminuted fracture, the fragments being forced inward, and the dura mater covering them remaining uninjured. This double fracture was decided to have been caused by contre-coup.

Professor L. says: "If the term 'contre-coup' be limited to its precise signification of 'counter-stroke'—*i. e.*, the impression made by the stroke on the part of the cranium opposite to that directly struck by the ball—will the force of contre-coup explain the fractures in this instance? It seems very difficult to conceive that the orbitar plates could be fractured by such a counter-stroke, while the portion of the cranial arch opposite to that which received the primary blow, including the expanse of the frontal bone and the several processes within which the orbitar plates are held, and by which they are so strongly protected in all directions laterally, remained entire and unchanged. I am inclined rather to attribute the lesions mentioned to a transmitted undulatory stroke, or sudden impulse, of the brain-substance itself against the thin bony layers constituting the orbitar plates. I am in possession of the notes of a case in which a similar fracture took place in one orbitar plate, from a ball passing along—only grooving—the upper surface of the hemisphere lying over the plate broken. In this instance there was no reason to doubt that the impulse communicated to the brain-substance by the passage of the projectile had been continued on with sufficient force to the orbitar plate to effect its fracture. The following is its history:

Michael C—— was wounded in the head by a musket-shot on the 12th December. The ball entered the cranium over the anterior margin of the parietal bone of the left side, midway, between the squamous and sagittal sutures, and, passing backward nearly parallel with the surface, made its exit near the protuberance of the parietal bone, leaving a gap in the bone one inch and a half wide by three inches and a half long, and splintering it very extensively around the point of exit. Some of the superficial structure of the brain was carried away, and there was much hæmorrhage. The right side of the body was paralysed. After recovering from the shock the patient became conscious, so far as to understand what was said to him, and to recognize persons about him; but, with the exception of a few disconnected expletives, he seemed never to have spoken after the injury.

He died on the 14th of January. At an examination after death, a large piece of the parietal bone was completely separated from the rest, and attached only to the scalp. The left lateral ventricle was open, and communicated with the exposed surface; its posterior and inferior cornua were filled with pus. The substance of the hemisphere seemed very little altered either in color or consistence; but over the whole of the surface which had been exposed by the injury, and leading down into the ventricle, there was an inflamed film infiltrated with pus, of not more than a tenth of an inch in thickness, which contrasted strongly with the appearance of the brain underneath. *A portion of the left orbitar plate of the frontal bone, about the size of a shilling, was fractured and depressed from the cavity of the cranium toward the eye*, and there was a small quantity of coagulated blood round its edge. There was no mark of violence near this part externally; and the anterior lobe of the left hemisphere, which covered this bone, though injured above, as already stated, was quite sound from the base of the ventricle to its lower surface. The only explanation at all satisfactory was, that

this depression has been caused by a sudden impulse communicated to the substance of the brain above it by the ball on its entrance."

Atropia and Morphia.

In the July number of the *American Jour. Med. Sciences* is a paper by Drs. MITCHELL, KEEN, and MOREHOUSE, upon the hypodermic use of these agents, and their antagonistic action. They conclude from their experiments that—

1. Conia, atropia, and daturia, have no power to lessen pain, when used subdermally.
2. Morphia thus used is of the utmost value to relieve pain, and is most potent, in certain forms of neuralgia, the nearer it is applied to the seat of the suffering.
3. Morphia lowers the pulse slightly or not at all; atropia usually lowers the pulse a few beats within ten minutes, and then raises it twenty to fifty beats within an hour. The pulse finally falls about the tenth hour below the normal number, and regains its healthy rate within twenty-four hours.
4. Morphia has no power to prevent atropia from thus influencing the pulse, so that, as regards the circulation, they do not counteract one another.
5. During the change of the pulse under atropia, the number of respirations is hardly altered at all.
6. As regards the eye, the two agents in question are mutually antagonistic, but atropia continues to act for a much longer time than morphia.
7. The cerebral symptoms caused by either drug are, to a great extent, capable of being overcome by the other, but owing to the different rates at which they move to affect the system, it is not easy to obtain a perfect balance of effects; and this is made the more difficult from the fact already mentioned, that atropia has the greater duration of toxic activity.
8. The dry mouth of atropia is not made the less by the coincident or precedent use of morphia. Atropia does not constipate, and may even relax the bowels; morphia has a reverse tendency.
9. The nausea of morphia is not antagonized or prevented by atropia.
10. Both agents cause dysuria in certain cases, nor is the dysuria occasioned by the one agent relieved by the other.
11. Atropia has no ability to alter or lessen the energy with which morphia acts to diminish sensibility or relieve the pain of neuralgic disease.
12. As regards toxic effects upon the cerebral organs, the two agents are mutually antidotal, but this antagonism does not prevail throughout the whole range of their influence; so that, in some respects, they do not counteract one another, while, as concerns one organ, the bladder, both seem to affect it in a similar way.

The Contagiousness of Syphilis.

M. DIDAY affirms that all syphilitic lesions are to be regarded as contagious as long as ever they exist; that, if they are not transmitted by one mode of contact, they may by some other mode; and that the capacity of a man to transmit syphilis, and especially by the act of generation, may survive, and even a long time, the disappearance of every syphilitic lesion.

Splint for Fractures of the Lower part of the Humerus.

At a meeting of the College of Physicians, (Oct. 5, 1864,) reported in the *Amer. Jour. of the Med. Sciences*, Dr. PACKARD exhibited a splint employed by him with advantage in cases of fracture of the humerus, especially when the lesion is seated at or below the middle of the bone.

For many years it was the custom in this city to use the external and internal angular splints devised by Dr. PHYSICK for cases of this kind. Not very long ago, however, there was substituted for these (by whom he had not been able to ascertain) a single angular splint, hollowed out so as to fit the anterior surface of the arm, forearm, and hand; the hand being of course kept in a state of supination. In many cases this splint answered an excellent purpose, especially when there was used in addition to it a posterior pasteboard case for the lower part of the arm. But the supine position of the hand is not comfortable when long kept up, and the want of lateral support at the seat of injury sometimes gave rise to angular deformity.

It therefore occurred to him to add to the inside angular splint a piece shaped like the arm-part of the anterior angular splint, and this is the simple principle of the splint exhibited. The thick inner edge of the hollowed anterior part is fastened by nails to the edge of the upper portion of the inside splint. Its lower edge is carefully cut away, rounded, and smoothed to fit across the bend of the elbow. Its upper edge is pared down internally so as to form with that of the inside splint a line corresponding to the shape of the anterior wall of the axilla. It is upon the correctness of these lines above and below that the accuracy of the fit of the whole splint depends, and hence also its comfort and efficiency.

The patient's comfort is further promoted by cutting away the under edge of the forearm part of the splint so as to allow the hand to be somewhat abducted, as in BOND'S splint. The hollow for the inner condyle is important in this as in all the other internal angular splints. Should the condyle be very prominent, or the arm very thin, it is better to make a hole, here, and round its edges very carefully.

Laceration in a New-born Child.

Mr. R. KING PIERCE showed to the Obstetrical Society of London April 5, 1865 a fœtus, born at full time, and exhibiting at birth two lacerations: one extending through the integuments transversely across the abdomen, about the level of the scrobiculus cordis; a second one across the throat, exposing all the vessels and muscles of the neck. The two lacerations had all the appearance of incised wounds; but the evidence was clear that they had not been produced by any act of violence other than of rapid delivery.—*Lancet*, June 3, 1865.

The Mucous Membrane of the Neck of the Uterus.

M. Cornil considers the normal condition of this membrane as an "introduction to the study of the neoplasies of the neck of the uterus, and particularly of the group of affections called *cancer*." He points out that "the mucous membrane of the neck of the uterus differs completely in structure and functions from that of the body of the uterus." He concludes, that "the viscous liquid of the neck is furnished by glands which are peculiar to it; that the epithelium of these glands is cylindrical, very long and slender in new-born infants; that it is shorter by a third or half in adult women, whilst it preserves its cylindrical form; that often in these latter it is reduced to nuclei; that in the cavity of the neck, the elements of this liquid undergo a series of regressive metamorphoses. In studying the contents of the ovula Nabothi, we soon discover that the epithelium of the glands may be changed even more, and assume the pavement, stellate, and other forms." Further on he says, "The glands of the vaginal portion of the neck are like the simple glands of the intra-cavital portion. All these glands differ from those of the mucous membrane of the body of the uterus, in that these last are simple follicles difficult to be seen well during the state of vacuity of the uterus, and remarkable by the changes which they undergo at the periods of menstruation and of gestation." A third division of this paper treats at length of the ovula Nabothi.—*Robin's Journal de l'Anatomie et de la Physiologie*, July, 1864, pp. 386–402.

Alcohol as Food.

The *Lancet* gives the following: Lately Dr. Bricheteau had to treat a little boy suffering from diphtheria; tracheotomy became necessary, and the young patient subsequently refused all food save sugared wine. For a whole month he took one bottle and a half of wine, besides about two ounces of rum per diem.

Query: Was it the *alcohol*, or the *sugar*, that served as "food?"

Reviews and Book Notices.

Lectures on Surgical Pathology, delivered at the Royal College of Surgeons of England. By James Paget, F. R. S., Surgeon Extraordinary to Her Majesty the Queen; Surgeon in Ordinary to His Royal Highness the Prince of Wales; Surgeon to St. Bartholomew and Christ's Hospitals. Revised and edited by William Turner, M. B. Lond., F. R. C. S. E., F. R. S. E., Senior Demonstrater of Anatomy in the University of Edinburgh. Third American edition. Philadelphia: Lindsay & Blakiston. 1865. *Price* 86.

The American profession is quite familiar with the lectures of Mr. Paget, which were originally delivered at the Royal College of Surgeons, and subsequently collected and published in book form, the third American edition of which is now before the public. This volume has been received with great favor among teachers and general professional readers. There appears to be very little new in the edition before us, at least incorporated with the text. The careful study by Virchow of the development of connective tissue and cell origin, has so run athwart the commonly accepted modes, that Mr. Paget would have been compelled to modify his chapters on repair did he accept the German teachings. These views are not introduced into the body of the text, but appended as foot notes, so that the reader may contemplate these most interesting subjects, if he desires, in the light of the latest histological researches. The literary execution of the work is unexceptionable, and the American publishers have presented the volume in an attractive style.

Contributions to Practical Surgery. By W. H. Van Buren, M. D., Professor of Anatomy in the University of New York; formerly one of the Surgeons of the New York Hospital, of the Bellevue Hospital, and Vice President of the New York Academy of Medicine; Consulting Surgeon to St. Vincent's Hospital and the Women's Hospital; Member of the Pathological Society, and the Medical and Surgical Society of New York; Member of the United States Sanitary Commission, etc., etc. Philadelphia: J. B. Lippincott & Co. 1865.

This volume, consisting of 208 pages, forms a collection of interesting surgical cases, which have appeared at different periods in the Medical Journals. We regard such a volume as an important contribution, and a positive advantage to the profession. Much of our most valuable medical and surgical writings are scattered over many years in medical periodicals, and much time is spent in searching number after number when it is desired to refer to special cases. It is presumed that when cases are prepared for a journal they possess points of more than ordinary interest, and so when they are grouped together the value of the volume is increased. It is to be hoped that others may imitate the example of Dr. Van Buren. The book is worthy of a general circulation.

Resolvent Property of fresh Parsley Leaves, (*Petroselinum sativum*) *in Engorgement of the Female Breasts.*

Dr. M. Neucourt highly extols [*Revue de Thérap. Méd.-Chirurg.*, June, 1865,] the resolvent properties of the fresh parsley leaves in milk engorgements of the breasts. He relates three cases in which he resorted to this remedy with success. He had the breasts covered with fresh parsley leaves, and the application renewed three times a day.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 5, 1865.

EPIDEMICS.

The attention of the English press, and that of Europe generally, is again drawn to the subject of epidemics by the occurrence of cholera, which, at last accounts, is said to have appeared in Birmingham. It may be that anxiety, caused by the terrible accounts of the ravages of the epidemic at Alexandria and other places in the East, has exaggerated the facts upon which these reports are founded; yet, in view of former experience, the ordinary history of cholera, as far as regards its mode and direction of travel, and the time which has elapsed since the last epidemic in the United States, no one, we think, would be surprised, if the scourge should soon make another leap across the Atlantic, and place us under contribution. "Forewarned is to be forearmed,"—and the old adage is as true in regard to epidemics as to anything else.

There seems to be no doubt that during the past two months, and even before, during the month of May, there has been a greater tendency than usually during the season, to gastric and intestinal irritation, diarrhœa, cramps, cholera morbus, and kindred disorders. We have been assured that the same tendency has been observed recently among our troops, before their muster-out; there has also been manifest, we are told, a remarkable tendency to jaundice during the last month. In travelling from Washington to New York, and going through the principal cities on the route, one meets hundreds of persons with a yellow tinge about the eyes and face, not sufficient to deserve the name of a full jaundice, but causing a strong suspicion in the mind of the observer of the presence of some general morbific influence, atmospheric or otherwise.

In addition these phenomena we learn that severe sporadic cases of cholera have already occurred in various localities, and some have been fatal.

Hence we should at this time most earnestly urge upon the public mind, and force upon the attention of the officials in our cities and towns, to whom their sanitary condition is entrusted, the fact which has been fully and satisfactorily demonstrated by experience, that epidemics may be avoided, at least their course, form, and mortality rendered much less severe, by the simplest measures of *personal and public cleanliness*. It is probably nothing but the strict military police enforced in the cities of New Orleans, Savannah, Norfolk, Portsmouth, etc., during the last three or four years, enforcing clean streets and the removal of all foul and noxious refuse, that kept us free from any severe epidemics of yellow fever; and how remarkably exempt from any general epidemic our armies have been during the war, has as often been a subject of thanksgiving, as it has shown how far a simple regard for the laws of hygiene may avert disease. Even the late Russian epidemic, which was at one time believed to be a new disease, but turned out to be essentially typhous in its character, is in the official accounts of the Russian Government attributed to "bad hygienic arrangements; to the consumption of vegetables which have been grown under unfavorable climatic conditions; to the immoderate use of spirits made from grain by the working and lower classes; to an unusual agglomeration of workmen in the capital toward last autumn, which occasioned a considerable crowding in their dwellings."

Beside the ordinary causes which lead to the origin and spread of epidemic diseases, we have in our midst, one peculiar to the nation and incidental to its late history. Probably there are distributed throughout the land, in city and country, both North and South, nearly one million and a half of returned soldiers, who have been thrown back more or less suddenly, from the peculiar life, habits, and diet of the field and camp to those of civil life. These sudden changes, previous exposure to malarial influences, to which the system has become to some extent susceptible, a scorbutic tendency perhaps, at least a somewhat impoverished condition of the blood, in consequence of too monotonous and restricted diet, predispose the returned soldier to attacks of disease, and form an element which, in case of the occurrence of an epidemic, would be of no small importance in its causation, course, and severity.

However, while we should be prepared, and make all efforts to have everybody and every dwelling and street put in the best hygienic condition possible, so that if the epidemic should come, it may be as mild in form and extent as human exertion can render it, let us at the same time remember that unnecessary alarm, with its concomitant depression, excitement, and fear of mind, in the public, are equally to be avoided with the physical agents of disease.

M. Czermak, of Prague, has been appointed Professor of Physiology at Jena.

Notes and Comments.

General Hospitals at Washington.

There remain but about two thousand patients in the Army General Hospitals in Washington and vicinity. These are concentrated in the Armory-square, Douglass and Stanton hospitals, while the remaining hospitals are being vacated and closed.

Anæsthesia by Nitrous Oxyd.

There seems to be a disposition to return to the use of the original anæsthetic nitrous oxyd.

It was lately employed by Dr. Carnochan, of New York, in the amputation of a cancerous breast. The patient was in delicate health, and Dr. C. preferred the use of nitrous oxyd to any of the other anæsthetics, in her case.

Dr. Colton administered the gas, and by alternating it with atmospheric air, the lady was kept in a gentle sleep, and entirely insensible to pain. The time occupied by the operation was sixteen minutes, and forty gallons of gas were used. Not a muscle moved during the anæsthetic sleep—the breathing appeared easy and natural—and the pulse remained full and strong. There was no nausea or sickness; and on waking the patient appeared as fresh as when waking from a natural sleep. Dr. Colton stated that he believed he could have kept the lady asleep two hours as easily as sixteen minutes. Dr. Carnochan expressed himself highly pleased with the operation of the gas, as also did Dr. Marcy, who was present.

Erratum. In Dr. Keyes' communication last week, page 82, on the use of arsenic by smoking with tobacco, the quantity of Fowler's solution used should read, f.ʒiv. to *half* a pound of fine cut tobacco.

News and Miscellany.

Pension Examining Surgeons.

The following appointments of examining surgeons have been made by the Commissioner of Pensions:—

Dr. John L. Perry, for Saratoga Springs, New York; Dr. D. M. Benedict, Washington, D. C.; Dr. John Conant, Prarie du Chien, Wisconsin; Dr. Thomas S. Stanway, New Boston, Illinois; Dr. James E. Reeves, Fairmount, West Virginia; Dr. J. M. Todd, Bridgeport, Ohio; Dr. George W. Marser, Scranton, Pa.

University of Edinburgh.

Mrs. T. Bruce has presented £10,000 to the Edinburgh University for the founding of prizes and scholarships for the purpose of aiding and encouraging students in all the Faculties.

A Statue to Jenner.

A musical celebration of a singular kind, a *fête* on the inauguration of a statue to Jenner, of vaccination memory, is to be held at Boulogne next month. M. Elwart has written a choral piece for the occasion, called "A Hymn to Beauty," to be sung by the Orphéonists of the place.

Homœopathy in the French Senate.

In the Senate, on the 1st ult., a debate took place upon a petition in favor of certain privileges to be accorded to homœopathic doctors. M. Dumas and M. Dupin condemned the principles of homœopathy, which were defended by M. Bonjean and M. Thayer. The Senate then passed to the order of the day.

Recovered Damages.

Dr. Henry G. Clark, formerly city physician of Boston, has recovered six thousand seven hundred dollars damages for injuries received by falling upon ice in that city. He sued for twenty thousand dollars.

Cure for Drunkenness.

The *Boston Med. Journal* says the following cure for drunkenness is practiced in Holland. The patient is shut up in a room and debarred all communication, except with his physician. As often as he pleases, spirits (brandy, whiskey, gin, etc.) are given him, but mixed with two-thirds water; so, also, are all other drinks, as well as beer, coffee, or wine, mingled with one-third water. The various kinds of food, too, that are furnished him—bread, meat, etc.—are all prepared with brandy, consequently the patient is in a state of continual intoxication. This lasts about five days; at the end of that time, he asks with entreaty for other nourishment, without his request being complied with, and that until his organs absolutely abhor any alcohol. The cure is complete, and from this period the very smell of spirits produces on him almost the effect of an emetic.

Bromide of Ammonium in Pertussis.

Dr. Kuchenmeister states that additional experience confirms the favorable opinion he formerly expressed concerning the value of this medicine. He gives of a concentrated solution of the bromide

from five to fifteen drops three times daily, according to the age of the child, proceeding to the larger quantity named only gradually.—*Medical Times and Gazette.*

Statistics of Life in England.

Dr. W. Farr, of the General Register's Office, has completed his supplementary volume on the mortality of England in the ten years 1851–60, the census of 1851 and of 1861 furnishing the means of comparing the population with the deaths. He tells the story of life from its beginning. There is little definite information respecting the rate of embryonic mortality; but some years ago Dr. Granville collected statistics of the history of 400 mothers, married women, who applied to the Westminster General Dispensary, and found that though 272 of them only had live children, the other 128 had in the previous ten years borne 556 live children and 305 dead embryos, the latter most frequently in their earlier months, just as the mortality in the first year of breathing life increases rapidly as we proceed backward from the twelfth to the third, second, and first month. In the twenty-six years 1838–63, there were registered in England the deaths of no less than 2,374,379 infants born alive, but not living for a single year. At this present time 100,000 infants of less than a year old, die every year in England. The French returns in 1856 are very minute, and show in 1856 a mortality of 154 per cent. per annum in the first seven days after birth, 120 in the second seven days, and 54 in the sixteen days following.

The mortality among children under five years of age in the ten years 1851–60, was very little over 4 per cent. in the more healthy districts of England; in one or two thinly-peopled districts in the extreme north it was under 2.5 per cent. Among the children of peers it has been calculated to be little over 2 per cent.; among children of the clergy in 1829 and 1858 rather over 3 per cent. On the other hand, there are 151 districts of England, where, taken as a whole, the child mortality of 1851–60 exceeded 8 per cent. There were in those districts in 1861, 1,391,420 children, and every year nearly 65,000 more die than if the death-rate was the same as in healthy districts. In the ten years, 1851–60, the mean annual mortality among children under five, was 10.149 per cent. in the city of London, (east division); 10.219 in Nottingham; 10.852 in St. Giles'; 11.725 in Manchester district; and 13.198 in Liverpool district. There is no reason to suspect that any great number of the infants in these districts fall victims to deliberate crime; but there is, no doubt, great negligence on the part of parents, great ignorance of the conditions on which health depends, and great privation among the poor. It may be said that the weaklier lives are thus cut off, but it must be borne in mind that many of the strongest children are weakened for life.

Passing on to the higher ages, we find the rate of mortality declining with every year of life up to twelve or thirteen, when it is at its lowest. Between ten and fifteen years of age less than five boys in a thousand die in the year. Twenty years later in life the mortality is doubled, and goes on increasing to the close. At all ages the variation in the rate in different districts is shown to be very striking. The mortality of men in towns demands a careful investigation. At 45–55 the mortality of London men is not far from double that of men in the healthy districts of the country. It is much higher at every age than the mortality of women in London. Ill-ventilated workshops may have something to do with this, and so may indulgence in spirits and other stimulants. The workmen in all large towns suffer as much as, and often more than, the workmen of London. For instance, at the age 25—35, and again at the age 35—45, and again at the age 45–55, the workmen of Liverpool, Manchester, Bristol, and Newcastle-upon-Tyne die at a still greater rate than the men of London. In the ten years 1851–60, the deaths in thirty large town districts of England, with an aggregate mean population of 2,541,630, comprising seven London districts and the principal provisional town districts, averaged 71,194 a year, while the deaths at the same rate in healthy country districts would have been only 38,459—an annual loss of above 32,000 lives in much less than a seventh of the population.

If the mortality of all England is arranged in five great groups, the following result appears: Where the mortality was 14, 15, or 16 per 1000 persons living, the population was only 86 to the square mile; where the mortality was 17, 18, or 19, the population was 172 to the square mile; where 20, 21, or 22, 255; where 23, 24, or 25, 1128; and where 26 and upwards, 3339. Yet there can be no doubt that mere proximity of dwellings does not necessarily involve a high rate of mortality. If an adequate water supply and sufficient arrangements for draining and cleansing are secured, the evils which make dense districts so fatal may be mitigated. It is remarkable that some of the dense districts of cities are already comparatively salubrious. The mortality of a district is by no means bound to its density of population. Bermondsey is less densely inhabited than St. James', Westminster, but the mortality is considerably greater. Next to each other in these tables stand Westminster district (St. John's and St. Margaret's), and the district of St. George, Hanover Square, with equal density of population in each taken as a whole; but the former has a mortality far heavier than the latter. It is also to be noted that in London the mortality fell from the annual rate of 25 per 1000 in the decenniad 1841–50 to 24 per 1000 in 1851–60. The mortality of Lancashire and Cheshire also declined from 27 to 26. Taking all England, though the growth in numbers, of course increased the density of population, the rate of mortality did not increase, but continued at 22 per 1000.

Army and Navy News.

ARMY.

Department of Pennsylvania.—The Medical Department of Pennsylvania having ceased to exist, the command will hereafter be designated the District of Pennsylvania. Below are the names and term of

office of all medical officers who have been in the Medical Director's Department of Pennsylvania, and chief medical officers in the District of Philadelphia during the rebellion:

Act'g Assistant Surgeon John Neill, United States Army, Chief Medical Officer from May 1861, to May 1862. During his term of office, general hospitals were established at Tenth and Christian streets, Twenty-fourth and South streets, Fifth and Buttonwood streets, Twenty-second and Wood streets, Broad and Cherry streets, and Satterlee Hospital, West Philadelphia, commenced. Relieved by the assignment of Surgeon G. E. Cooper, United States Army, as Medical Director, May, 1862, who, in turn, was relieved by Surgeon W. S. King, United States Army, June 1st, who was retained as Medical Director until October 1st, 1863. Surgeon King was on duty in the field three months in the summer of 1863, during which time Surgeon E. Swift, United States Army, performed the duties of Medical Director at Philadelphia.

The following General Hospitals were established under the supervision of Surgeon King, viz., Chester, Mower, McClellan, Turner's Lane, Catharine street, Haddington, Summit House, Hestonville, Sixth and Master streets, Fourth and George streets, Twelfth and Buttonwood streets, Race street, Crown street, Cuyler, Citizens' Volunteer, Wilmington, Del., and Islington Lane.

Surgeon King was relieved October 1st, 1863, by Surgeon John Campbell, United States Army, who retained the office until the deparment ceased to exist, July 26, 1865. Surgeon Campbell established the General Hospitals at Beverly, New Jersey, and White Hall, near Bristol, Pennsylvania, in the summer of 1864, and increased the capacity of other hospitals, making the total capacity for the accommodation of patients 25,000 beds. In the spring of 1864 the department was enlarged so as to include the whole State of Pennsylvania, adding two to the number of large general hospitals, and bringing in a large number of post hospitals. The largest number of patients in hospitals at one time was 22,000, in July, 1864, since which time the number has diminished, until at this date only about 700 remain. Total number treated, about 150,000.

Great credit is due Colonel Campbell for the energy displayed in closing hospitals, and promptness in discharging supernumary officers and employees, thus effecting a saving of thousands of dollars to the Treasury. Colonel Campbell has been twice breveted for meritorious conduct.

The following named officers have been connected with the Medical Director's office in official capacities—Surgeons A. K. Smith, G. Letterman, and A. Meger, United States Army; Surgeons R. H. Gilbert and R. S. Kenderdine, United States Volunteers; Assistant-Surgeons C. H. Alden, H. S. Schell, and William P. Grier, United States Army, the last two being still on duty in the office, assisting in the arduous duties of closing up the affairs of the department.

Colonels John Le Conte and R. H. Coolidge have served as Medical Inspectors of the Department of Pennsylvania.

Discharged.—The following Surgeons have been honorably discharged the service, their services being no longer required: William Hays, Lovington Quick, H. L. W. Burritt, James D. Strawbridge, Alexander B. Mott, N. R. Derby, A. E. Stocker, J. Owen, D. Meeker. Surg. Thomas F. Perley, formerly Medical Inspector U. S. A. on General Hammond's staff, who resigned in consequence of difficulties with that officer, and was afterwards appointed a surgeon of volunteers, is among the officers honorably discharged.

Promoted.—Dr. John Campbell, Medical Director of the Department of Pennsylvania, has been promoted to Brevet-Colonel, United States Army, for meritorious services during the war.

MARRIED.

Chamberlain—Splint.—In this city, on the 29th ult., by the Rev. P. Reilly, of St. Johns, Dr. John Chamberlain and Miss Annie Splint, of this city.

Torrey—Keyser.—In St. John's, Yonkers, N. Y., on Thursday, July 27, by Rev. Dr. Carter, Dr. Chas. W. Torrey of New York, and Mrs. Catharine B. Keyser, of Baltimore, Md.

DIED.

Belt.—In this city, July 31st, Richard Grafton Belt, M. D., in the 82d year of his age.

Dunglison.—At Hillside, Delaware county, Pa., July 31st, Bella Robley, youngest child of Dr. J. Robley and Bella W. Dunglison, aged 1 year and 5 days.

Price.—In New York, on Monday, July 24, of inflammation of the bowels, Perry G. Ellsworth, youngest son of Dr. E. V. and Margaret Price, aged 8 years, 4 months, and 13 days.

Baehr.—At Harney, Carroll county, Md., July 14, 1865, of cholera infantum, Francis Jacob, only son of Dr. John L. and Jane Baehr, aged one year, eight months, and twenty-eight days.

Chichester.—In New Canaan, Connecticut July 29th, Dr. C. Chichester, late of Pottsville, Pa., aged 72 years and 18 days.

ANSWERS TO CORRESPONDENTS.

Dr. E. A. O., Tuscarawas, Ohio.—We would recommend Bumstead on Venereal.

Dr. F. L. K., Jerseyville, Canada West.—Hypodermic injection syringe sent by mail, 28th ult.

Dr. J. H. R., Perrysburg, Ohio.—Hypodermic injection syringe sent by mail, 28th ult.

Dr. J. M. M., French Island, Ind.—Set of Tooth-Extracting instruments sent by express, 28th ult.

Dr. T. S. C., Washington, D. C.—Kidder's Electro-magnetic machine is a superior article, compactly and neatly put up, and will, no doubt, prove satisfactory. We know of none better.

METEOROLOGY.

July	24,	25,	26,	27,	28,	29,	30.
Wind.....	S. W.	N. W.	W.	S. W.	S.	S. W.	N. E.
Weather.....	Clear,	Rain. T. & L.	Clear.	Clear.	Clear	Clear.	Clear.
Depth Rain.....		3-10					
Thermometer.							
Minimum.....	66°	70°	71°	69°	70°	75°	71°
At 8 A. M.....	77	72	77	77	82	82	78
At 12 M.....	81	87	81	83	88	86	80
At 3 P. M.....	84	87	83	84	88	86	81
Mean.....	77.	79.	78.	78.25	82.	82.25	77.50
Barometer.							
At 12 M.....	30.1	30.	30.1	30.	30.	30.	30.2

Germantown, Pa. B. J. Leedom.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61. to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64, Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers,* of No. 414, Feb. 4, 1865.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

ON THE DOSE OF QUINIA TO BE GIVEN IN INTERMITTING AND REMITTING FEVERS.

By E. A. Oppelt, M. D.,

Of Trenton, Tuscarawas County, Ohio.

According to Wood & Bache's Dispensatory, and other works in my possession, we would be led to give to a child of two years old, for intermitting or remitting fever, about three grs. of quinia, divided into three or four portions, during the intermission or remission. Now if the child has a severe attack, and if it live in a malarious district, it will get worse every day, notwithstanding we give three grs. of quinia a day, for two or three days. But if we give from seven to nine grs. we will be very likely to break up the disease during the first intermission or remission. In some cases the intermission or remission is so short that we can only get one or two portions down our patients before the paroxysm returns. In such cases we will not get along so rapidly, as we then have to wait till we get another remission or intermission, to get the necessary amount taken. I usually give to an adult twenty grs., divided into four equal portions, during the first interval, giving them three or four hours apart.

To a patient aged fifteen to sixteen years I give fifteen to sixteen grs.; to a patient from twelve to fifteen, I give fourteen to fifteen grs.; to one from eight to twelve, I give from ten to fourteen grs.; and from two to eight, I give from seven to twelve grs.; and to one from six months to two years, I give from five to eight grs. during the remission or intermission.

I have three works on diseases of infants and children, but neither of them says anything of intermitting or bilious remitting fever, which I think is a sad deficiency. How is a young practitioner to know what is the proper dose of quinia to be given to infants but by experimenting? No practitioner of experience in the Tuscarawas Valley gives smaller doses than the above-mentioned.

A few days ago I was called to a case, a little girl two years old, who had ague three days in succession; her mother gave her quinia every day, but only about two or three grains a day. When I saw her she had convulsions. I immediately gave about six grs. of calomel, with five drops of tr. veratrum viride, as she had high fever. The convulsions ceased in about an hour, and the little patient broke out into profuse perspiration. In two or three hours a dose of castor oil was given, which operated in time to give about eight grs. of quinia, which prevented another paroxysm, and the little patient was sitting up the next day playing.

A girl, aged six years, "took high fever" on the night of the 26th inst.; fever continued all night, increased next day, (the 27th); at three o'clock she took convulsions, when I was sent for in great haste. On my arrival, I found her in a burning fever, pulse frequent and hard, tongue coated and yellow. Gave her six drops of tr. veratrum viride, and eight grs. of calomel, followed with oil and ten drops of oil of turpentine in two hours; it operated in two or three hours; after which I gave ten grains of quinia, divided into four equal portions, the fever having subsided.

28th, 3 o'clock, P. M., had some fever. Gave ipecac. and calomel in small doses, to be followed with oil, after taking three portions two hours apart. After the oil operates, to take two portions of quinia, each about three grs. On the 29th, 9 o'clock, A. M., has no fever. Wants something to eat.

To one who has studied medicine in a malarious district, the above, of course, will not be very interesting, as about the first thing that he had to do was to weigh out quinia, and consequently he learned what doses to give. But to one who has studied medicine in parts where ague is unknown, and who wants or expects to emigrate to a miasmatic district, it will certainly be interesting.

Since writing the above I was called to see a little girl, fourteen months old, having had fever every other day for a week. At four o'clock, of 29th inst., I first saw her. She had a hot fever, frequent bloody stools, with considerable strain-

ing during the evacuations. Tongue coated, brownish-yellow. Had eaten freely of ripe pears a few hours since. I gave her some four grains of calomel, to be followed in two hours by oil, which operated freely; fever subsided; left her about seven grs. of quinia, divided into four equal portions, to be given three hours apart, each containing small portions of morphia, which had the effect of lessening the frequency of the bloody stools; but before the fourth powder of quinia was given, the patient had a chill, which was followed by high fever, lasting till nine o'clock the next evening. During the fever, gave three drops of tr. veratrum viride, with Dover's powder, every three hours. After the fever had sufficiently subsided, left two more powders of quinia, containing two grs. each, which were given last night. This morning (July 31st) has had two bilious stools without any blood, and has no fever. I selected these cases, because it is in such cases that large doses would do injury, if at all.

IS THERE ALBUMINURIA IN EPILEPSY?

Consequences in regard to its diagnosis with Eclampsia.

(Translated from the Inaugural Thesis of M. Sailly.)

By Ross R. Bunting, M D.,

Of Philadelphia.

(Continued from page 88.)

Researches on the Urine of Epileptic Patients.

Some account of the manner in which I made these experiments is necessary to the reader. M. Moreau (de Tours) kindly placed at my disposition the patients in his wards at the Salpétrière hospital. I chose by chance 30 of these. These patients affected with epilepsy, presented frequent attacks; some four or five every day; others from three to six every two or three days; or from eight to ten every eight days; and others an unlimited number during a week every month. The average age of these patients was 25 years; they had resided at the hospital from one to thirteen years, so that there could be no doubt in regard to the diagnosis. For more than two months the urine of each was examined with the greatest care during and after each paroxysm, and in the interval of the attacks. During the paroxysm, if the women were lying down, I had a basin placed under them to receive the urine; which, as I have said, is voided almost always involuntarily; and if they were seized with a paroxysm away from the bed, a small portion of the urine was obtained in a test tube. I did not generally make use of the catheter; I only made use of it when I found any albumen. Cauterization, however, is important; when albumen exists in the urine its employment is indispensable, in order to avoid certain errors: in fact the albumen may proceed from the blood of the menses, (many epileptic patients having their attacks during the menstrual period,) or from the leucorrhœal flux which often precedes the apparation of the menses, or from uterine mucus. Epileptic women are frequently affected with chronic leucorrhœa, owing probably to the sad habit of masturbation.

I treated the urine with 1° nitric acid; 2° heat: ebullition being always maintained during a certain time, 3° by heat and nitric acid together. When ebullition occurs in the urine, it sometimes happens that a white precipitate takes place, very similar to that of albumen. This might lead us to believe in the existence of this latter, when it would only be a deposit of phosphates. In which case a few drops of nitric acid would render the urine limpid; on the other hand, the presence of free phosphoric acid or alkaline salts, preventing the precipitation of albumen by heat; a few drops of the same acid causes it to become manifest. I have always noted the acidity or alkalinity of the urine, the color, and degree of clearness.

RESULTS OF EXPERIMENTS.

Of 126 observations on the urine of my 30 patients mentioned above, I have constantly found a marked acidity: I have not noticed in a single case the least degree of alkalinity. The color varied, like healthy urine, from yellow to orange; the coloration—or rather the want of it—of nervous urine, was noticed but rarely. The urine was generally limpid, except during the menstrual period; there was then rather a notable quantity of urates, with the exception also of some cases where there may have been some febrile disease. If some authors have constantly found the urine troubled during the paroxysms, and limpid immediately afterward, it was probably owing to the fact of its being mixed with uterine mucus or leucorrhœal flux, for each time that the catheter was employed the limpidity was never wanting, at whatever moment the experiment was made. It is a matter of observation that during the paroxysm a catarrhal discharge from the uterus takes place, the same as the other involuntary evacuations. I have always found a considerable quantity of urine in the bladder at the commencement of the paroxysm.

The woman L—— had several attacks, the water being drawn off soon after they commenced; and at one time several quarts of urine were obtained. This is an important fact worth

noticing, for as M. Blot remarks, at the commencement of an eclamptic attack there is very little urine in the bladder. All the epileptic patients we examined urinated involuntarily during the paroxysm, with the exception of the woman L——. Five times I examined the urine of this patient just before the paroxysm commenced; it was of a dark-yellow color, acid, no trace of albumen. Here is the division of the 126 obervations collected:

5, immediately before the attack; no albumen.

26, during the attack; 23 negative results; twice a small quantity of albumen; but there was here one cause of error; one of the patients was menstruating at the time, the other had leucorrhea. I obtained some urine by the catheter several times, and in the same conditions, each time with a negative result.

4, immediately after the paroxysm; negative results.

5, 15 minutes after the attack; negative results.
7, 30 " " " " "
7, 1 hour " " " "
14, 2 hours " " " "

17, 3 hours after, of these, 15 negative results; twice albumen in the urine of the two patients mentioned above. The urine obtained by the catheter in the same conditions, has never manifested any traces of albumen.

6 cases, 4 hours after the attack, negative results.
8 " 6 " " " " "

27, during the interval of the paroxysms, 26 negative results, once albumen. The patient had uterine catarrh.

Thus never have we found albumen in the urine of epileptic women, unless the urine was mixed with different discharges from the genital organs. I noticed that very rarely after the urine became cool was there any deposit of urates, and that in about one-fourth of the cases I found phosphatic deposits.

Nitric acid in the heated urine has generally given a coloration, varying from a pale red to a deep red. In every case, excepting where there were phosphates, the coloration by nitric acid and heat, was generally accompanied with effervescence.

"Albuminuria," says Seyfert, "exists in very great quantity in the urine of epileptic patients immediately after the paroxysm, but not constantly nor in every case of this disease; provided there may not exist Bright's disease, this albuminuria which we observe in epilepsy disappears immediately after the convulsions have taken place, and does not reappear until after the next attack." Being determined to verify these conclusions, I took the urine during the paroxysm, then I waited until the next emission. It was evident that if there were any albumen in the urine immediately after the attack, this albumen in the bladder could not be reabsorbed, and that I ought to find it as soon as the patient would make water. I collected 15 observations during the attack, 15 negative results. Of these 15 cases, the first emission took place:

Once, fifteen minutes after the attack.
Six times, thirty minutes after the attack.
Twice, an hour after the attack.
Once, an hour and a half after the attack.
Once, two hours after the attack.
Once, two hours and a half after the attack.
Three times, three hours after the attack, and never the slightest trace of albumen.

I do not wish to discuss the cause of the albuminuria of eclamptic women, whether it is due to an active or passive congestion of the kidneys, to an irritation of the cerebro-spinal axis, or to a simple functional derangement.

"In eclampsia," according to M. Seyfert, "albuminuria is occasioned by the interruption of the respiratory and circulatory functions, in consequence of the attack." If this were the case, albumen ought to be found in the urine of epileptic patients; in these cases there is also an interruption of the respiratory and circulatory functions; there are also very important congestive phenomena; the veins of the neck become swollen, respiration is suspended, pulse small and feeble, the urine however contains no albumen. It is evident that according to this theory M. Seyfert ought to have found albumen in the urine of epileptic patients. Besides, this theory is not sustainable, since generally albuminuria exists previously to eclamptic attacks, and it is particularly during these last that albumen is most abundant.

M. Moreau, (de Tours,) having made some researches on the epileptic patients at Bicetre, has declared to me that he had always obtained negative results.

Shall we be able to conclude from the preceding description, that albuminuria is a sign of eclampsia? May not a woman, attacked with epilepsy during pregnancy, have albumen in her urine, since in 205 pregnant women we find 41 having albumen in their urine. We have never been able to observe a case of epilepsy during pregnancy, but M. Blot has related to me four cases he saw at Hôpital des Cliniques; four women presented epileptic attacks from the eighth to the ninth months of pregnancy; there was no error possible in these cases, their previous histo-

ries being known. They had been affected with epilepsy for a long period, and their urine did not contain any albumen.

RÉSUMÉ.

In order to diagnosticate eclampsia, it will be sufficient to know that the woman is pregnant, that she had never had convulsions previously, that the urine is albuminous. From this we may conclude,

1st. In eclampsia, no convulsions previous to the attack; in epilepsy they always exist.

2d. In eclampsia, no involuntary evacuations; in epilepsy, always involuntary evacuations.

3d. At the time of the eclamptic paroxysm there is very little urine in the bladder, in some cases almost anuria; in epilepsy, the urine presents all the characteristics of healthy urine, whatever moment they are seized with the attack.

4th. The urine of every eclamptic woman is found to contain albumen; the albumen is more abundant during the paroxysm than at any other time.

Never do we find albumen in the urine of epileptic women, before, during, or after the attack, unless Bright's disease should exist.

ON DISEASES OF THE INTERNAL EAR.*

By Laurence Turnbull, M.D.,

Aural Surgeon to Howard Hospital, Philadelphia.

(Continued from page 90.)

Nervous Hardness of Hearing.

The results of this congestion of the nervous tunic are of various kinds, sometimes it disappears spontaneously, and this has led the public into the error of believing that hardness of hearing and humming in the ear should be left to themselves. In recent cases, we can almost always by proper treatment remove the morbid condition and its products, but the contrary is the case with those of long duration. In most cases, owing to neglect, the congestion leads to chronic changes of structure and exudations, to thickening or thinning of the tunic, and hence to incurable, material nervous hardness of hearing; and, at last, the fine nervous filaments of the auditory nerve are themselves involved, and fatty metamorphosis takes place. Finally, here belong all those cases of hardness of hearing which have happened to be relieved by the use of Russian vapor baths, local fomentation, or Baunscheidism, galvanic chains, etc., under favorable constitutional conditions, and thus led to the use of such universal means.

* From Erhard.—Rationelle Otiatrik nach klinischen Beobachtungen bearbeitet. Erlangen, 1839.

Treatment.

The careful rational treatment of these congestions, especially of those which involve both sides, is quite satisfactory. My plan in recent cases is the following:

The patient must, nolens volens, in spite of the most perfect condition of general health, keep to his room at least, and if possible, even remain in bed, in order to guard effectually against a further taking cold. This is often sufficient, with a promotion of the perspiration, to remove the congestion, and I have seen cases of individuals who had congestion in both ears, and who were confined to bed at the same time by other diseases, recover from the ear affection without its receiving any special treatment. If the patient is plethoric, the application of leeches is called for, but if not, it is better to make counter-irritation by the application of a blister. At the same time the cutaneous transpiration must be promoted from 7 to 9 in the morning, and the bowels freely evacuated in the evening. Eight days under this treatment will generally be sufficient to relieve the patient of the humming. During this time the patient must keep the ear stuffed with cotton, and must continue it afterward, until the normal secretion of cerumen returns. If the congestion be very considerable, simultaneously following smaller hemorrhages, it is advisable to commence with an emetic, and then proceed with the above mentioned treatment. It is natural that after a considerable time, in cases which are not recent, to examine the state of the constitution, and I have seen very good results in one case from a visit to the Kreusebrunn springs of Marienbad, in another from iodide of iron. "Only the organ of hearing always remains a therapeutic 'noli me tangere,' and the treatment is always to be conducted on the general indications."

In very inveterate cases I have considered a diaphoratic treatment to be the most judicious. A few examples will make what has been said more clear.

EXAMPLES.

1. *Rheumatic congestion.* Miss G. consulted me on June 19th, 1857, for an unbearable humming in the right ear. Bony conduction was wanting on the right side, but present on the left, as was likewise the case with the cerumen, everything else being normal, so that it was a case of one-sided hyperæmia rheumatica. She was ordered to use counter-irritation four weeks to the right side of the nape of the neck, to protect the ear with cotton, and to avoid carefully all exposure to cold. After a lapse of four weeks, the ceru-

men and the bony conduction returned entirely, the humming had disappeared, and the normal power of hearing was recovered.

2. *Catarrhal hyperæmia.* Mr. G. complained on April 3d, 1856, of a loss of hearing in both ears, and a continual humming, both of which he had suffered for about fourteen days, and both of which followed a violent cold in the head. The diagnosis was a two sided congestion. The patient was ordered to keep to his bed, to take in the morning a diaphoretic of infusion fl. sambuci with liquor ammoniæ acetat., at the close of the day muriate of ammoniæ with infusion of senna, and to stop up the ear, and to continue this treatment for eight days, when the congestion was removed.

3. *Complicated catarrhal hyperæmia.* A lady of sixty years of age sent for me on March 21st, 1856, who, ever since the use of the Graffenberg car, in the year 1834, had gradually become hard of hearing, and suffered from continual humming, more on the right side than the left; she was therefore affected with a chronic inflammation of the nervous tunic. She had caught a severe cold several days before, and had suddenly become affected the day previous with hardness of hearing on hoth sides, and violent humming. If her organ of hearing had been previously sound, I would have diagnosed a hemorrhage, but as it was, I diagnosed an acute congestion superadded to the chronic malady. As the grade of the affection was very violent, I ordered an emetic, which immediately caused a wonderful improvement. I then made use of muriate of ammonia with comp. inf. of senna, and in the space of five days the patient could hear not only as well as before the attack, but even better.

4. *Abdominal rheumatic hyperæmia.* A robust, plethoric, landed proprietor of Marienbad, consulted me on April 29th, 1857, who had been deaf for many years in the right ear, and who had experienced for four weeks, as the result of catching cold, a loss of hearing in the left ear, with continual humming. The case, on the 29th of April, was one of congestion of the nervous tunic. I at first adopted the old method of treatment by leeches and diaphoretic drinks, but as these proved unavailing, probably owing to the case not being a recent one, I tried the constitutional effects of the mineral waters of Marienbad, and ordered him, on his return thence, to keep up counter-irritation for a considerable time. Under this treatment he finally regained his normal power of hearing, and was relieved of the humming.

5. *Rheumatic congestion.* A young anæmic brother of the last mentioned case was attacked with the same malady on May 15th, 1857.

As this was a recent case, I ordered leeches to be applied, and enjoined on him the utmost precautions against taking cold, and to stop up his ears, but the young man neglected my orders and caught a fresh cold on May 18th, so that the malady returned. On May 20th, then, the case was in as bad a condition as on the 15th, and although another application of leeches was made, no benefit seemed to be derived from them; I therefore sent the patient into the country, and prescribed the syrup of the iodide of iron. He came to town every week to consult me, and after four weeks' use of the remedy, was cured.

I could cite a multitude of similar cases occurring in my practice, but I hope my principles of treatment are sufficiently illustrated in the abovementioned cases; they consist in a "rational, general, and local treatment, according to the analogy with the same forms of disease in other organs, and with a special regard to the individual peculiarities."

According to these principles, we should not be too hasty in giving up hope, and the remedial powers of nature, when properly assisted, have often caused me to be ashamed of an unfavorable prognosis.

A wide field is here opened to therapeutics, especially when we reflect that it is concerning a malady which has been hitherto unstudied.

In these very inveterate chronic cases in which structural changes of the nervous tunic of the labyrinth have taken place, nothing can be expected from constitutional treatment. A further increase of the malady may, however, be prevented by frictions over the entire temporal region with ointment of the iodide of potassium, (iodide of potassium one part, lard three parts,) whilst leeches and counter-irritation could never accomplish this. I obtained similar results when active congestion was also present, by the use of the ointment of digitalis. A rational application of electricity is worthy of trial, but I must at present refrain from expressing any opinion concerning it.

c. Inflammations of the periosteum.

The characteristic symptom of inflammation of the periosteum in the labyrinth is sudden occurrence of loss of hearing attended with violent pain, but accompanied with perfect integrity of the organ of hearing and absence of all cerebral symptoms.

The pain is generally so severe, that it prevents the humming being perceived in the commencement, and the latter begins to annoy the patient

only when the pain ceases and exudation has occurred.

I believe that the sero-fibrous covering of the labyrinth which is continued into the cochlea and over the lamina spiralis, is the seat of this inflammation, and that its results are qualitative and quantitative alterations in the fluid of the labyrinth, whilst the results of congestion consist rather in thickenings and atrophies of the nervous tunic.

I have already stated, when treating of inflammations of the external meatus and tympanum, that they sometimes extend to the labyrinth, producing diminished bony conduction and power of hearing.

The majority of those cases of total hardness of hearing on one side, in which chronic catarrh of the tympanum with perforation of the membrana tympani simultaneously exist, and in which severe pain existed in the commencement, before the appearance of these symptoms, belong to this category, for the patients were attacked simultaneously with an acute inflammation of the membrana tympani and of the lining membrane of the labyrinth, the former of which resulted in suppuration, the latter in qualitative or quantitative changes in the labyrinth fluid.

The treatment of the acute form resembles that already laid down for inflammation in the anterior ear cavities; it must be strongly antiphlogistic, in order to effect reabsorption. If we fail in this, all future treatment is useless, for I have never been able to effect any relief, although I have tried all manner of remedies, and I may assert that no one in whose case I have made this diagnosis, has to my knowledge subsequently improved either spontaneously or under treatment.

Hospital Reports.

Jefferson Medical College, *May 24th*, 1865.

Surgical Clinic by Prof. Gross.

Reported by William T. Bullock, M. D., of Rhode Island.

Pterygium.

May 24th. Timothy W., sixty years of age, has a pterygium of the left eye, of six months duration. As the name implies, it is a wing-shaped growth, of a triangular form, situated at the inner side of the eye, its base being at the canthus, while the apex covers a portion of the cornea, thus impeding vision. This growth is a hypertrophous condition of the vessels of the conjunctiva and subconjunctival fascia.

The proper treatment consists in excising the growth, by seizing it with a pair of toothed forceps, and dissecting it from its connections by means of a scalpel, being careful to do the work thoroughly, as there is a strong tendency to repullulation. For the same reason, the parts should be touched with a piece of sulphate of copper every third or fourth day, until all danger of return has passed.

Cystorrhœa.

Henry P., sixty-five years of age, received a violent fall above six months ago, since which he has been suffering from an affection of the bladder. There is a discharge of mucus and pus from the bladder, and he is troubled with a frequent desire to urinate, especially at night, being obliged to rise from his bed several times for this purpose. He has some difficulty in starting the stream of urine, straining violently, and stooping forward during micturition. Has had an occasional discharge of blood. His urine deposits a sediment upon standing, and becomes rapidly offensive. He suffers from pain in the pubic region. No stone can be detected by sounding the bladder, but upon passing the finger into the rectum the prostate gland is found to be elongated. The case is one of cystorrhœa, with hypertrophy of the prostate gland, the latter affection being of very frequent occurrence after the age of fifty. This patient must live upon a mild, nutricious diet, and avoid stimulants of every kind. Internally he may use the following prescription:

℞	Uva ursi,	℥j.
	Morphiæ sulph.,	gr. ss.
	Sodæ bicarbonatis,	ʒiij.
	Aquæ bul.,	Oiij. M.

Take one-fourth of a tumblerful four times a day. Also, an injection, consisting of a teaspoonful of laudanum in one ounce and a half of tepid water.

Foreign Body in the Air Passages.

May 27. Charles A., thirty-three years of age. This man while eating a piece of eel was so unfortunate as to allow a piece of bone to pass into his windpipe. He was at once seized with a violent fit of coughing, which ceased after a few moments, but returned after the expiration of half an hour, and has occurred at short intervals ever since, the cough being attended by copious expectoration.

When first seen, which was about ten days after the accident, his voice was thick and husky. Since that time he has been treated by the antimonial and saline mixture. His voice is now clear, though weak, but he suffers from pain in the left side of the thorax.

Upon percussing, the resonance is found to be natural, but auscultation shows the existence of dry rhonchus on the left side, both anteriorly and posteriorly.

The patient has lost flesh, and is much debilitated. His tongue is coated, and he is troubled with great thirst. While a foreign body remains in the air passages, the patient is not safe from suffocation, produced either by spasm of the glottis, or by mechanical obstruction of the air tube from the foreign body being forced up into the larynx.

A body of this kind also excites inflammation in the parts by its presence. For these reasons the proper treatment consists in making a free opening into the trachea, in the hope that the foreign body will be expelled through the orifice thus made. Even if the substance does not escape from the wound, the patient will be freed from danger of suffocation.

The patient being placed upon a table, with his head well thrown back, the operation of trachætomy is performed in the usual manner, no anæsthetic being administered. The operation is rendered difficult in this case by the large size of the thyroid gland, the presence of the middle thyroid artery, and the almost osseous hardness of the rings of the trachea. Several vessels were cut during the operation and secured by ligatures.

Three rings of the trachea were divided, and a violent fit of coughing ensued immediately, during which both mucus and pus were expelled from the orifice, but the foreign body remained in the air passages at some unknown point. The patient was placed in bed, the wound being kept open by hooks, and the thyroid gland prevented from overlapping the opening by means of a ligature passed through it and tied behind the ears.

June 21st. The morning after the operation, the parts around the opening were tumified, and angry in appearance. Suppuration followed in a few days, and the portion of the trachea in sight was coated with a plastic lymph. Light poultices were applied, and the patient put upon a supporting treatment.

The wound gradually assumed a more healthy appearance, and on last Wednesday, just three weeks after the operation, the foreign body escaped from the opening during a paroxysm of coughing. The cause of all this man's trouble is a very insignificant looking piece of bone, hardly larger than a millet seed. At the time of its introduction, however, it may have been of larger size from the flesh attached to it. The patient is now relieved of his spasmodic cough, and is improving in strength and appearance, while the wound in the trachea is healing nicely by granulation, but not entirely closed as yet, for a small probe may still be passed into the windpipe.

June 28th. The patient is restored to good health, and is able to return to his usual occupation.

Primary Syphilis.

May 31st. John W., thirty years of age. This man had impure connection, twelve days ago, and again upon the ninth day from the first act. On the day following the last act, he observed an ulcer upon his penis, at the left side of the frenum. The patient also has paraphymosis, and the under surface of the prepuce is œdematous. It would not be good treatment to relieve the paraphymosis until the chancre is healed, as the ulcer would be covered by the prepuce, making a concealed sore. The penis should be washed frequently with common table salt and water, and the following ointment applied to the ulcer twice a day.

℞. Ungt. hydrarg. nit., ℥ss.
Ungt. aquæ rosæ, ℥ij. M.

℞. Pil. hydrarg.,
Pulv. ipecac.,
Ext. col. comp., āā gr.v.
Divide into three pills.

Talipes Equinus.

Elizabeth H., thirteen years of age. The heel is retracted so that the patient is obliged to walk upon the ball of the toes. The limb is smaller than its fellow, the gastrocnemius and soleus muscles being in an atrophied condition. The child has been affected in this way since the period of dentition, at which time she suffered from an attack of infantile paralysis, but the deformity has become more marked within the past twenty months.

The tendo-Achillis is divided by the tenotome, and the foot brought down to its natural position.

Fatty Tumor.

Francis R., thirty-six years of age, has a tumor about the size of a man's fist, situated in the scapular region, immediately beneath the skin. The man received a violent blow at this point three years since, and first observed the tumor about three months after the injury.

The tumor is movable, and has a doughy feel. There is no discoloration of the integument over the growth, no enlargement of the subcutaneous veins, and the patient has not suffered from pain in the parts. These symptoms, together with the fact that the tumor has existed for three years, prove that the growth is not of a malignant nature, while its situation and doughy feel indicate that it is a fatty tumor.

The tumor was removed by making an oblique incision through the skin, and then separating it from its connections by the fingers and handle of the scalpel. One vessel was ligated, and the wound closed by the interrupted suture and adhesive strips.

Gunshot Wound of the Hand.

J. W., thirty-two years of age, was wounded in the right hand by the premature explosion of a gun eight months since. The hand is distorted by the vicious contraction of the cicatrix, the thumb being bent over toward the ulnar side, and the fingers permanently flexed. By making an incision through the cicatrix, between the metacarpal bones of the thumb and the index finger, the thumb is restored to a more natural position.

The parts should be kept separated by means of oiled lint placed in the wound until healing takes place by granulation.

Gelatinoid Polyps of the Nose.

Bridget K., twenty-one years of age. The growths are easily seen upon looking into the nose. There is a slight discharge from the nostril. The woman sleeps with her head thrown back, snoring lustily, and perspires profusely while sleeping. The tumors increase in size during damp weather, becoming so large as to obstruct respiration through the nose. She suffers from pain on the left side of the head. The father of this patient was troubled by similar growths. The polyp forceps is introduced, and the polyps to the number of six are removed from the nose. It is seldom that much hemorrhage follows this operation.

Hypertrophy of the Tonsils.

J. S., four years of age. The diseased glands are removed with a probe-pointed bistoury, the projecting portion of the gland being seized and steadied by a volcella, while the knife is carried with a sawing motion from below upward.

Editorial Department.

Periscope.

Ulcers.

An explanation is frequently asked for the peculiar tendency of ulcers to fasten themselves in the leg. During a lecture by Dr. Humphries, (*Lancet*) the following one was given, and at the same time the best mode of overcoming the tendency.

Every part of the human body has its own peculiar weakness, rendering it liable to certain diseases—as the female breast, to cancer; the aorta, to aneurism, etc., etc. The tissue of any part is weak, if it is unequal to its ordinary requirements. Now that is peculiarly the case with the leg. It has to bear upon a given area a greater weight than has any other part of the body, being small to facilitate movements and to give space for the swing of the opposite foot; and where it is smallest, just above the ankle, it is most liable to ulcers. Its skin is fine, not very liberally supplied with blood, lying to a considerable extent upon bone or fascia, and separated from them only by a comparatively thin layer of areolar and adipose tissue. Its subcutaneous veins take a larger and more vertical course than any others, and have, consequently to bear the weight of a higher column of blood, while they are imperfectly supported by fat or other tissue. These circumstances render the leg peculiarly liable to fracture, to varix, and to chronic inflammation of the skin; and these are the causes of its liability to ulceration. A slight blow on the shin destroys a small piece of the skin, which is neglected or treated with irritants until an ulcer results, instead of soothing the parts by assuaging or simple protective dressings.

Surgeons are willing enough to treat a case when they can secure the patient in a recumbent posture, but are unwilling to undertake a case while the patient walks about pursuing his avocation. In these instances more can be done by judicious bandaging, etc., etc. than one would suppose, and we make it a rule always to *attempt* to relieve them.

The tendency of neglected sores differs in a remarkable degree; some kindly heal, some enlarge up to a certain size, remaining stationary for years with a serous or sanious discharge, while others spread over a large surface, deepen with time even into the substance of the bone. Although so frequently the seat of simple ulcers, the leg enjoys an immunity from ulcers of other kinds. But sometimes the student finds a difficulty in distinguishing simple from cachectic or syphilitic ulcerations. Here it is well to remember that the two chief features of syphilitic ulceration are—first, the tendency to commence at several points in otherwise healthy skin, the ulcers so formed extending into one another, and causing an irregularly-shaped sinous sore; and secondly, the tendency to spread superficially, and to spread at one part while healing at another, leading to the more or less ring-shaped or crescentic sores.

On the other hand, "a cachectic sore" is preceded by a circumscribed deposit, beneath the skin, in the areolar tissue, of firm whitish lymph, forming a hardish lump there. This softens, and is disclosed as a greyish mass or slough by the skin ulcerating over it. The ulcer spreads either by the extension of the deposit beneath the surrounding skin undermining and causing its further destruction, or by the formation of separate deposits around, which lead to fresh ulcers; and these breaking into one another cause unhealthy-looking sores, with jagged, overhanging edges and bridges of skin. They occur in persons who are out of health, or of indifferent constitution, though presenting no definite ailment, and often

considering themselves hearty and well. Sometimes we cannot discriminate between them, when the effects of iodide of potassium will satisfy the surgeon.

Upon the leg the difficulties of diagnosis are especially great, because the natural tendencies of a constitutional disease are liable to be modified by the local qualities of the part; so that there is here, not only the difficulty of distinguishing one form of constitutional disease from another, but, in addition, that of distinguishing a constitutional sore from a simply local sore.

On the Pathology of Secondary or Metastatic Abscesses.

At a late meeting of the Pathological Society of Philadelphia, (*Amer. Journal Med. Science,*) Dr. John Ashhurst read a paper on the above subject. After presenting the prevailing theories in reference to its origin and progress, he concludes by saying:

To sum up, then, abscesses, in one sense secondary, may be produced through absorption by the lymphatic system; but the suppuration thus caused could never extend beyond the first lymphatic gland, which would form an insuperable barrier to the further passage of pus. Pyæmia is a most unfortunate misnomer; for in no sense is the blood the actual means of purulent transfer, though through the medium of the vascular system, by the processes of thrombosis and embolia, secondary or metastatic abscesses are indeed produced. Some cases, again, of symmetrical suppuration are best accounted for by the action of the nervous system, according to well-known physiological and pathological laws.

The phenomenon of shivering, which so frequently accompanies the process of secondary or metastatic suppuration, may, I think, be plausibly attributed to the influence on the nervous system of the sudden cutting off of the blood supply by the process of embolia; just as the sudden diminution in the supply of blood to the brain, by ligation of the carotid artery, is not unfrequently followed by convulsions.

I cannot conclude this brief sketch of the process of secondary suppuration, without referring to the theory of a "pyogenic diathesis," so ingeniously and ably advocated by Dr. Packard, in a paper published by him. I cannot give my assent to this theory, for the simple reason that I do not see its necessity. The occurrence of secondary abscesses, after injuries or surgical diseases, can, I think, in all cases be satisfactorily accounted for on established mechanical and physiological principles, while I look upon the suppuration following typhoid and other fevers as simply symptoms of those diseases, which may not indeed be present in every case, but which are just as much a part of the several affections in which they occur, as are their characteristic eruptions, or any other pathological lesions, which we take for granted, without assuming any special diathesis to account for them.

I have not complicated this paper with any allusions to the conditions denominated by Virchow, *ichorrhœmia* or *septhœmia*, which are entirely distinct from the pathological state which gives rise to the secondary or metastatic abscesses that have been considered.

Removal of Foreign Bodies from the Ear.

The *British Med. Journal*, quoting from the *Bulletin Gen. de Thèrap.*, says that M Guersant makes the following remarks on this subject:

If we except the concretions of cerumen that are principally met with in the aged, and rarely amongst children, it must be said that foreign bodies in the external auditory canal are more often observed in youth than at more advanced ages.

The bodies thus met with are very diverse—hardened cerumen, pebbles, stones extracted from rings, or ear rings, pearls, peas, shells, beans, fragments of glass-tubes, balls of paper, seeds, etc. Insects have been mentioned, but we have not on any occasion met with them.

All these foreign bodies, when they remain in the auditory canal—principally those which swell up—may occasion severe accidents, such as inflammation, suppuration, buzzing, cerebral symptoms, meningitis. Hence it is important to relieve, as soon as possible, children who have in their ears a pea or a seed, which may swell up on becoming moist. The surgeon ought, before all, to ascertain with accuracy that a foreign body exists, because very dangerous attempts have often been made in cases where no such body has been present. If, after the patient has been placed in a proper position, and the light has been directed into the canal, the foreign body is recognized, the surgeon ought to act differently, according to the case.

1. The foreign body may be a fluid, such as water in swimmers, or oil. In these cases, a single shake given to the head has sufficed to make the fluid run out.

2. Sometimes there is hardened cerumen. A simple ear-pick, previously dipped in oil, will allow this concretion to be expelled. It may be necessary first to soften the cerumen by several injections of lukewarm water, or of oil or glycerine.

3. Peas, beans, seeds, or balls of paper, swell and soften. They may be caught and hooked out sometimes easily enough, either with small forceps, or with a small short hook.

4. Hard bodies, as pebbles, shells, hard seeds, can be removed in several manners. As was very anciently advised, and as has been done by Menière, injections may be employed. We have, says M. Guersant, very often used these means, and for all sorts of foreign bodies. It is necessary, however, to act in a certain manner, with much perseverance; and the relations ought to be shown how to practise these injections, because it is often necessary to repeat them several days following, before success is obtained. In order to apply injections, it is well to procure an Eguisier's irrigator, fitted with a straight tube, and filled with cold, or better with luke-warm water. [The ordinary syringe of Mattson, consisting of a tube with compressible ball in the centre, has long been used by us, and has no superior for the purpose.—Ed. Med. Reporter.] The child should be wrapped in a cloth, folded several times

double, so that the arms are thus kept wrapped up. The cloth ought to surround the neck of the child, in order to avoid wetting it. The head should also be held in a somewhat inclined position, and a basin should be placed under to receive the water. The surgeon should direct the pipe of the irrigator into the auditory canal, propelling the jet of water very slowly at first, so that it may pass between the foreign body and the walls of the canal, strike on the membrane of the tympanum, and in its return drive out the foreign body, which will sometimes escape after the first injection. It is important that the surgeon, at the time of performing the irrigation, should draw the lobe of the ear alternately upward, downward, forward, and backward, in order to modify the direction of the jet. The operation should be repeated several days following, if no results follow the first injection; and the relatives should be instructed how to make the injections. M. Guersant has seen cases in which the foreign body has only been removed after persevering for eight or ten days.

When this means is not attended by success, the instruments which appear most likely to succeed are simple small forceps, which are always useful in cases of soft bodies, paper, lint, etc.; or better, the ordinary scoop, or Leroy d'Etiolles' small scoop. In many cases the instrument should be guided principally along the lower side of the canal. As the introduction of scoops is always more painful than the use of injections, and gives rise to more struggling on the part of children. M. Guersant observes that, when it is necessary to use this means, we should not hesitate to employ chloroform. When the child happens to be manageable, besides the inclined position of the head, M. Debout has recommended the mouth of the patient to be opened. It is sufficient to introduce the end of the little finger into the external auditory canal, and to make the lower jaw move, in order to become convinced of the enlargement undergone by the canal, each time the condyle of the jaw leaves the articular surface. This attitude facilitates the employment of all the preceding operations; but that which it aids most is the employment of injections.

Treatment of Diphtheria with Ice.

Mr. J. Duggan states, in the Dublin *Medical Press*, that he has successfully employed ice in the case of a man affected with diphtheria. He ordered the patient to be constantly swallowing small particles of ice, and also to keep continually sucking and melting icicles in his mouth until he should see him again on the following day—advising him to carry out his directions most assiduously. On visiting him the evening of the next day, "I was agreeably surprised," he says, "to find him much improved, the tensive swelling of the throat to a great extent subsided, and the inflammation of the internal fauces and the tumefaction of the velum pendulum palati (to which was attached the peculiar adventitious membrane) greatly reduced. I impressed upon him to continue using the ice as usual. As he complained of being weak, I gave him a mixture of infusion of bark and tincture of snakeroot, to take two tablespoonfuls three times a day, and to have an abundance of fresh milk and beaten eggs for food. He pursued this course of treatment for a few days, and to my gratification, ultimately recovered from this dangerous disease.

"Although this is essentially a blood disease, yet the application of cold to the internal parts of the throat will be found of much benefit, and a source of great comfort to the sufferer. Of course it will be necessary to prescribe tonics and nutritious food to support the weakened system, and mild alteratives to improve depraved secretions. This mode of treatment—viz., by the constant swallowing of ice—may not be novel, for aught I know; but I have never met it in books. To the practitioner where ice can be got at any moment, I would advise a trial in this and other kindred diseases of the throat, as it has the advantage of being harmless and simple in its action."

On the Use of the Sulphite of Soda in the Treatment of Erysipelas.

Dr. Addinell Hewson stated, says the *Amer. Journal Med. Science*, at a recent meeting of the College of Physicians, that he had been using the solution of sulphite of soda as a local application in erysipelas, since February, 1864, and had obtained results from it, in the various forms of that disease, which were to him both interesting and surprising. He had been induced to try it from the representations made by Professor Polli, of its influence in destroying all disease of a cryptogamic or animalcular origin—a source to which recent researches would lead us to suppose erysipelas was due. At first he administered it internally, in doses of ten grains every two hours, as well as applied it locally; but the effects of the local use were so prompt and decided, that he has now abandoned its internal use altogether as unnecessary.

In extensive trials of this remedy, both in hospital and private practice, he has never seen it fail, when thoroughly applied before the deep planes of cellular tissue had been invaded by the disease. Under the latter circumstance, no positive curative results were of course to be expected from its mere external use. But before such parts had become affected, a solution of ten grains of this salt to the ounce of water, when thoroughly applied on lint all over the surface affected, and to a considerable distance beyond it, and covered with oiled silk to prevent the evaporation of the solution, had not only produced a decided bleaching effect on the discolored surface, in every instance in the first twenty-four hours of its use, but had invariably destroyed all traces of the disease in forty-eight hours from its first application. The result was the same, whether the application was made in the traumatic or idiopathic form of the disease. He had thus cured twenty-seven cases, seven of which were of idiopathic erysipelas. Even in the cases where the deep planes of cellular tissue were involved, as well as the surface, the disease on the surface was always apparently affected by the application. It was most positively bleached in all instances, and in many was evidently destroyed within the period above stated, even whilst that in the deeper parts proceeded on steadily to suppuration.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 12, 1865.

PEDESTRIANISM.

We hope that one of the natural results of the great war will be that people, influenced by the habits acquired by a million of returned soldiers and the example set by them, will promote their own comfort and health by resorting more to pedestrianism and out-door exercise. Especially is this true of all our populous cities, East and West, where the convenience of street-cars and omnibusses has almost entirely abolished the most healthful exercise which the biped man can resort to.

Indeed, how rarely do we find, now-a-days, the sturdy old gentleman, with his cane, his flowing locks, his elastic step and youthful complexion, who would walk his six or eight miles a day regularly, on business or pleasure. His place is taken up by prematurely old men, with wrinkled faces and bilious look, whom one sees occasionally run a few yards to catch a departing train or steamboat, but who have never learned to look upon their legs as affording one of the principal means of obtaining both pleasure and health.

We were forcibly struck with the necessity of teaching people the great advantage of pedestrianism over any other kind of exercise by a late visit to the Central Park in New York, an institution, by the way, which is one of the most creditable achievements ever made by a municipality in so remarkably short a time. But with all its beauty, and exquisite advantages for foot-exercise and enjoyment, strange to say, the number of carriages in the Park, on the occasion alluded to, was almost as large as the number of pedestrians.

A little more walking and seeking the open air, among our city populations would, we venture to say, diminish considerably the quantity of opiates consumed by many, almost as a regular article of diet to procure rest, and procure easily what blue pills and seidlitz powders, anti-dyspeptic remedies, patent bitters, and nostrums of all kinds are vainly resorted to, to accomplish.

If our young men, instead of spending their summer and fall vacations and leisure days at crowded picnics, or elbowing their way through crowds at fashionable hotels at so-called watering places, spending their days in tiresome idleness, and their nights in the billiard or the ball-room, would pack their knapsack, and take a week's tour through the country anywhere on foot, living on good plain country fare, they would soon find that while pedestrianism is the true and natural stimulant of a good appetite and healthy digestion, it is also much less expensive. Why do not the professors and teachers in our colleges and academies take the matter in hand and arrange pedestrian tours with their pupils, more or less extended, during vacations, combining both pleasure and instruction.

We are a great nation; great eaters, great drinkers, great smokers, great fighters; we have the fastest railroads, steamboats, and horses. But in one thing we come short—we do not walk half as much as we should.

THE LATE DR. McGUGIN, OF IOWA.

We regret to have to record the death of Dr. D. L. McGugin, of Keokuk, Iowa, who died in that city about the 22d of June. We are not apprised as to what caused his death, which must have been sudden, as it is not long since we have had communications from him.

Dr. McGugin was, at one time, we believe, connected with the regular army. He afterwards settled in Keokuk, where he took a prominent position in all that concerned the advancement of the medical profession. He was a Professor in the Medical Department of the University of Iowa, located at Keokuk. When the rebellion broke out he offered his services to the Government, and took a prominent part in organizing the medical volunteer staff and hospitals in the west. While thus engaged he contracted disease which compelled him to retire again to Keokuk. The probability is that the disease contracted at this time had some connection with his death.

In another column we publish a series of resolutions passed by the profession of Keokuk, which evince the respect with which he was regarded by his professional brethren. The death of such a man as Dr. McGugin is a national loss.

ADVERTISING QUACK MEDICINES.

The following article upon nostrum advertising we find in the Paterson (N. J.) *Press*, perhaps the sprightliest daily paper of that State. We commend its logic especially to the so-called religious papers, which, "for gain," publish advertisements knowing them to have fraud and immorality for a basis.

It is an outrage upon the Christian community, that too many of the journals, published professedly in the interest of religion, allow their columns to be polluted with advertisements which

the Editor's daughters could not with propriety read. Let them then read and digest the following:

Nostrums. We have so frequently made known through the columns of *The Press* and by letters to parties sending them, our inflexible purpose not to disgrace our columns with a class of shameless advertisements which the New York papers, as well as most of the country papers, publish without hesitation, that we should fairly expect to be seldom bored with refusing them. This is not the case however. There is scarcely a day that we are not put to the trouble of returning advertisements of sundry quack nostrums, often accompanied by the money, and generally promised to be liberally paid for. During the last week, we have returned to New York advertisements worth over fifty dollars, part of them paid in advance. We wish we could make it understood that, while we are grateful for the favors of the advertising public, and refuse no reputable advertisement, there is a class of vile swindlers whose wicked traffic we will not permit our columns to aid *at any price*. This is not the usual rule among newspapers, whose publishers generally ask no questions and indulge in no scruples, for the exchequer's sake. They are not responsible, they say, for an advertisement, and they do not feel at liberty to decline publishing any that is not in *terms* indecent, that is paid for at their established rates. Even so-called *religious* journals, go upon this principle. This is all bosh. It is the *money* they are after. Every one knows that the advertisements to which we allude are efficient agents of the most horrible wickedness, and, in many cases, accessories to the breach of plain statute law. No publisher has a moral right to sell the use of his columns to such purposes, and he *ought not* to have a *legal* right. Even if we lost money by our course, we should not hesitate to pursue it, for our motto is, "Do right, if the heavens fall." But we *don't* lose by it. Even the advertising agents who send them, reason thus; the paper which thus keeps its columns pure, is likely to be read by the best class of people, and therefore, when we have a first-class advertisement, wanting to reach the best classes in the community, *that* is the paper to send it to—and they "make a note on't." They also know that a newspaper which refuses these quack advertisements, is in a sound and flourishing condition, for those papers which are on their last legs, they know very well can't afford to keep a conscience, and will publish anything they send, *and at any price.*

* * * * * * *

In this connection we would call attention to the following commendable action of the Fox River (Illinois) Valley Medical Association:

The committee on resolutions reported as follows:

Whereas, The admission by the public press of advertisements of an immoral character, inviting the commission of crime by producing abortion and preventing pregnancy, for a consideration, in the shape of pills, potions, drops, etc., is terribly demoralizing and destructive of health and life, we therefore hail with pleasure the promise of the Chicago *Republican*, that they will not admit advertisements of that character into their paper; therefore,

Resolved, That the moral integrity and noble stand of its proprietors in excluding this class of advertisements from its columns, merits our highest approbation, and we hereby pledge ourselves to take and recommend only such papers as best conform with the principles of morality on this subject, believing that we, as guardians of the public health and conservators of public morals, cannot too strongly reprobate the publication in religious papers of advertisements, (for money,) the object of which is clearly the prevention of pregnancy or the commission of child murder, to commit crime, pander to lust, and that too frequently at the expense of the lives of the mothers, as well as their offspring.

Resolved, That the wide-spread influence of a certain looseness of sentiment on this subject should be matter of great alarm to the philanthropic physician, as well as the parent, and that every public print that will pander to this species of crime, is wickedly suicidal of the best interests of our race, and unworthy to be received into family circles or the patronage of honest men.

Resolved, That we deem those druggists who advertise and sell such preparations as *particeps criminis:* we hereby earnestly recommend them to discard them from their stocks, and refuse to furnish them.

The report was accepted and adopted, and the Secretary instructed to publish the resolutions.

Notes and Comments.

Cure of Hydrophobia by the Vapor Bath.

Referring to an article in a recent number of the Reporter, in which Dr. Buisson, of Paris, claims to have cured hydrophobia by the use of the hot vapor bath, a correspondent in Illinois asks—"May not the poisons of small-pox, of measles, or of syphilis be eradicated in the same way?" Perhaps so—try it. Put the next patient you have, particularly if it is yourself, (*a la* Buisson,) who has been exposed to any of the diseases named, through a Turkish vapor bath—note the effect, and report it. It may be found that there is good in the suggestion, not only for hydrophobia, but for other diseases that originate from external poisons. Our object in reporting new methods of treating diseases is not to endorse them, but to stimulate investigation.

Antiquity of Man.

Sir William Denison, who has been successively Governor of Van Dieman's Land, New South Wales, and Madras, Colonel of Engineers, has published a *brochure* entitled, "Man not so Old as Supposed."

Temperance.

At a Temperance Convention recently held at Saratoga Springs, Drs. A. B. Palmer, N. S. Davis, and Worthington Hooker, were appointed a committee for the objects set forth in the following resolutions. We commend the subject to the attention of our readers. Anything that our profession can do toward staying the tide of drunkenness, the bane of our land, and opposed to the spirit of our free institutions, should be done with zeal and earnestness.

Resolved, That in view of the recent developments of scientific investigation in Europe and in this country, the published opinions of medical men on both continents, and especially in view of the evil effects which are often known to follow the use of alcoholic medicines, this Convention respectfully but earnestly request all engaged in this honored and influential profession to substitute other articles in the place of alcohol, so far as in their judgment it can be wisely done.

Resolved, That Profs. A. B. Palmer, N. S. Davis, and Worthington Hooker, be a committee to convey our request to the men of their profession, and use such other means as they may deem wise and best to secure the co-operation of all medical men in the great cause we seek to advance.

Correspondence.

DOMESTIC.

Extract of Logwood in Traumatic Gangrene.

Editor Med. and Surgical Reporter:

Allow me, through your journal, to call the attention of the profession to the use of ext. of hæmatoxylon—common logwood—in traumatic gangrene.

I have been in the habit of using this article for inflamed and painful ulcers attended or not by sloughing, for several years, and have never met with an instance in which the pain was not immediately alleviated, and a healthy healing surface established in the course of a few days. During the rebellion, I have used it many times for traumatic gangrene, and invariably with very gratifying results. I have used it side by side with the much esteemed preparations of bromine, and have always found it much the most reliable article. Indeed, I have seen bromine used week after week, in cases of traumatic gangrene, and the gangrene still continue to spread. On the contrary, logwood has invariably and at once arrested the spreading of the gangrene, and in from ten to fifteen days the slough has been cleaned out.

I have often used logwood for painful ulcers following frost-bites, with the happiest results.

I have long contemplated writing, but have procrastinated, hoping some other person would relieve me of the duty, by doing it much better than I can. But as I have just had the first opportunity to test its powers in hospital gangrene, and have found it in this instance quite as serviceable in arresting the sloughing process, I am compelled to set it before the profession.

I use the extract in powder, sprinkling it thickly over the gangrenous surface, using care to raise the overhanging edges of the ulcer, so that the entire surface will get a covering, over which is placed a poultice, sufficiently large to extend at least two inches over the inflamed edges. The dressing should be renewed every twelve hours—simply by removing the poultice and dashing on some clean water from a sponge, then dusting the surface again with the extract, and re-applying a freshly made poultice.

Very truly yours,

A. T. Woodward.

Brandon, Vt., Aug. 4, 1865.

News and Miscellany.

American Dental Association.

The fifth annual meeting of the American Dental Association, a representative body, composed of delegates from State, county, and local dental societies and dental colleges in various parts of the Union, was in session for four days during the last week of July in Chicago, Illinois. One hundred and forty delegates were present from Massachusetts, Vermont, Rhode Island, Connecticut, New York, Pennsylvania, Ohio, Michigan, Illinois, Wisconsin, Iowa, Missouri, Kentucky, Tennessee, and Georgia.

The Association assembled on Tuesday, July 25th, 1865, and was called to order at ten o'clock, by the President, Dr. J. H. McQuillen, of Philadelphia. An address of welcome, by Dr. W. W. Allport, chairman of the committee of arrangements, was delivered, and briefly responded to by the President. After the organization of the society the following gentlemen were elected officers for the ensuing year: President, Dr. C. W. Spalding, of St. Louis; First Vice-President, Dr. C. H. Cushing, of Chicago; Second Vice-President, Dr. James McManus, of Hartford, Conn.; Corresponding Secretary, Dr. L. D. Shepherd, of Salem, Mass.; Recording Secretary, Dr. J. Taft, of Cincinnati, Ohio; Treasurer, Dr. J. J. Weatherbee, of Boston, Mass.

Dr. Spalding, on taking the chair, delivered a brief address, thanking the members for the honor done him, and then called on the retiring President, who delivered a farewell address, embracing a concise but complete history of the formation and progress of the American Dental Association, in accordance with a resolution of the preceding meeting.

The reports of the various standing committees

on the science and art of the profession were, in addition to a number of volunteer essays, made the subject of discussion, eliciting thereby not only a great deal of interest, but proving also highly instructive to the members present. Drs. Fitch, Spalding, Atkinson, Chase, Buckingham, Ellis, Hill, Perkins, Taft, Watt, McQuillen, Shepherd, Clark, McManus, Morgan, Forbes, and others, participated in this.

At the request of the Association, several lectures were delivered before the body. The first of these was by Dr. Daniel Brainard, Professor of Surgery in Rush Medical College, Chicago, upon the "Special Branches of Medical, Surgical, and Dental Studies." The lecturer, in an eloquent and attractive manner, sketched the rise and progress of dentistry as a specialty, from the time when it was considered a mere mechanical art, to the present time, when it has developed itself into a most important special branch of the medical profession. This rapid progress he considered in a high degree due to the fact of its having been studied as a specialty; men having devoted their entire time and attention to its pursuit. This special study the lecturer considered to be of great importance, and worthy of consideration and adaptation in other branches of medical science. He considered the path of progress in medical science to be, by the way of special study; by this he did not mean to advise the separation of the various branches, or to suggest that they should be distinct one from the other. He believed that dentistry should not be separated from the medical profession, and hoped to see the day when there should be a chair for diseases of the dental organs in every respectable medical college of the land. In conclusion, Dr. Brainard, on behalf of the medical profession, heartily welcomed the delegates to Chicago.

A lecture was also delivered by Dr. Hildreth, on "Diseases of the Eye." Two lectures were delivered by Dr. McQuillen, one on the "Anatomy and Physiology of Vision," and the other on "The Circulation of the Blood," special application being made in each to the practice of dentistry.

During the session of the Association, a number of entertainments were given in the evenings to the delegates, by Dr. W. W. Allport, Prof. Miller, and Prof. N. S. Davis, late President of the American Medical Association. At the residence of the latter, to the following sentiment by Dr. Spalding: "Medicine, Surgery, and Dentistry, practical departments of a common science, whose disciples should constitute a common brotherhood," Prof. Davis responded in an able and eloquent address, setting forth the importance and necessity, to special as well as general practitioners, of possessing a thorough and complete knowledge of medicine; whilst favoring special lines of *practice*, he advocated the maintenance, by constant study of a thorough knowledge of the entire range of medical science.

The meeting was truly a national gathering, bringing together practitioners from all sections of the country. The deliberations were characterized by the utmost harmony and good feeling, and they were of such a character as to exercise a powerful influence in advancing the interest of the dental profession.

The interest manifested by the leading medical practitioners of Chicago, many of whom were present during the session, as well as the kindness and courtesy received at their hands, marks a new era in the relation which dentistry is to bear in the future to the parent science of medicine.

The next annual meeting of the Association is to be held in Boston, Mass., on the last Tuesday of July, 1866.

Chemical Production of Diamonds.

It is well known that the artificial crystallization of carbon into diamond has been the *ne plus ultra* of scientific research. The very simplicity of the problem gives a kind of fascination to the attempts at its solution. The production of elementary substances in the crystalline state is not by any means difficult; a few bodies, indeed, carbon amongst the number, have long resisted chemical persuasion, but these have gradually yielded themselves to crystalline influences, until carbon now stands alone.

Silicon and boron, the two elementary brethren of carbon, are amongst the latest triumphs in this respect, and the exact similarity in physical properties which is observable between the artificial boron and silicon diamonds and the natural carbon diamond is very encouraging to those who are engaged in these experiments, and has led to increased investigation. Mr. Joyce, an English chemist, announced some time ago that he had obtained carbon in the crystalline form, by the action of electricity upon certain compounds of carbonic acid and hydrogen. M. Caignard, de la Tour, also announced that he had obtained come crystals of diamond by fusion—and M. Despretz, that he had arrived at a similar result, by the action of electricity upon certain compounds of carbon, a process peculiar to himself.

But by far the most important result is that attained by M. Rossi, a French chemist. The experiment consisted in the action of phosphorus, water, and bisulphide of carbon upon each other for several months. Crystals were thus obtained which were found to have all the properties of the diamond. They were so hard that no metal would act upon them, and they even scratched steel; they were perfectly transparent, had extraordinary brilliancy, and some of them had crystallized in "dodecahedra," the crystalline form which is characteristic of the diamond.

Deaths from Lightning.

M. Boudin has presented a report to the Academy of Sciences on accidents by lightning. It appears that there were 2,238 persons killed instantaneously by lightning in France between 1835 and 1863. The report remarks that when lightning falls on groups of persons of the two sexes, it strikes especially the men, sparing more or less the women. M. Boudin adds that there are several examples of beech trees having been destroyed by lightning, and that consequently the statement made at the last scientific meeting at Manchester relative to the exemption from injury

enjoyed by that tree is not correct. Of 34 persons killed by lightning in the open fields during the year 1853, 15 were struck while taking shelter under trees, and of 107 persons killed by lightning between 1841 and 1853, 21 are reported to have been killed under trees.—*Brit. Med. Jour.*

Memorial to Dr. Jenner.

The *Gloucestershire Chronicle* mentions that the memorial to Dr. Jenner is now being placed in the south-west window of the Cathedral, and it is expected that the fixing of the glass will be completed this (Saturday) evening. The general subject refers to the acts of healing by our Lord in the course of his ministry. In the glass fixed the subjects depicted are: Healing the man in the tombs, raising the widow's son, healing the issue of blood, the cure of the lepers, the raising of Lazarus, and the cure of the deaf. Three subjects are painted in each light. In the tracery are figures of angels, with crowns, and scrolls with "Alleluia." Much of the window is now obscured by the scaffolding, but, as far as we can judge, the glass appears to be fine, and the drawing good. The stonework is of the latter part of the thirteenth century, and the new glass is as nearly in the style of that period as Messrs. Clayton and Bell can produce it. The glass appears to be remarkable for the variety of its tints and the richness of its whites, and promises to be among the best in the Cathedral. The Dean and Chapter have contributed £100 toward the cost; the remainder is provided by subscription, chiefly by the Gloucestershire Medical Society, and Dr. Evans is a most liberal contributor.

Cure for Cholera.

A St. Petersburg doctor possesses an infallible cure for cholera! He has long been awaiting an occasion for exhibiting its efficacy; and he now finds it in the outbreak at Alexandria. In the cause of humanity, he applied to the French embassy at St. Petersburg; but there could get no satisfactory response. At the English embassy, however, says the *Brit. Med. Jour.*, he was more successful. Mr. Lumley transmits his promise of cure to Lord Russell at head-quarters; and Lord Russell sends it on to the College of Physicians. Dr. Ponowski has a curious theory of cholera; but to this we need not allude. His cure consists in the administration of a powerful snuff. If the patient's Schneiderian membrane respond, and eight or ten sneezes can be got out of him, he is safe and saved; but if the snuff (which is powdered hellebore) produce no effect, the patient must die. No sneeze, no cure. It is this remedy which the philanthropic doctor earnestly hopes Lord Russell will send on at once to Alexandria, and of which Lord Russell transmits notice to the College. We recommend the notion to some of our Yankee cousins, who have already done a great business in hellebore and veratria.

A Remarkable Tree.

In the Jardin d'Acclimation at Algiers, is a tree brought within a few years from Australia, the Eucalyptus Resinifera, which has attained a height of thirty feet and a diameter of six inches in two years. This remarkable tree, in its native soil—Australia—sometimes reaches the height of three hundred and forty feet, and has been found more than nineteen feet in diameter at about a yard from the ground. It often yields planks two hundred feet long, without a single defect. The wood, notwithstanding its rapid growth, is hard, and heavier than oak. It also presents beautiful colors, and is consequently well adatped for cabinet work. An astringent gum, known in commerce as *kino*, is obtained by making incisions into its bark. The eucalyptus is an evergreen; its leaves have nearly the same shape as the laurel. The development of its lateral branches are no less wonderful than its stems. They are small until the trunk attains the height of about one hundred feet, when they shoot out almost horizontally, sometimes to the length of ninety feet, giving the tree the appearance of an enormous umbrella. The seed, strange to say, is very small, and not unlike that of the tobacco plant. The flowers are white, of a most agreeable smell, and much liked by bees, which extract from them a most delicious honey. It is also remarked in Australia, that the ague is almost unknown in districts where this tree is abundant.

New Electric Battery.

M. Du Chemin, who, in a preceding communication to the Academy of Sciences of Paris, had announced that he had succeeded in replacing nitric acid in the Bunsen battery by perchloride of iron, and the sulphuric acid by the chloride of sodium, writes to announce that by substituting for the latter salt the impure chloride of potassium of commerce, he has succeeded in increasing the motive and electric force, and that in this way the electric light may easily be obtained.

Pension Examining Surgeons.

The following appointments were made recently of examining surgeons for pensions: J. R. Brown, of Winchester, Ind.; Otis Ayer, of Le Sueur, Mich.; Matthias Gill, of Marshall, Mich.; and James W. Anawalt of Greensburg, Pa.

Institute of France.

The Institute of France, on the recommendation of the Academy of Sciences, has given its biennial prize of 20,000 *francs* (instituted by the Emperor) to M. Wurtz, Professor of Chemistry.

The signers of the homœopathic petition which was lately rejected by the French Senate, have had an audience of M. Durny, who has, it is said, promised to use his influence with the Emperor to obtain permission for them to found an hospital of their own in Paris.

The Russian Plague.

A committee of the Boston Board of Health have made a report to the board with regard to the Russian plague. They are satisfied, upon good authority, that the accounts of the extent and malignancy of the disease are highly colored and exaggerated, and think that if this is not true the disease is not a proper subject for the restrictions of quarantine, as such a disease has never prevailed hereabouts, and as the conditions under which it prevails elsewhere do not exist. It is believed to be an aggravated form of typhus fever.

Dr. Charles M. Windship, father of Dr. Geo. B. Windship, the man of muscle, died of diphtheria, recently, at his residence in Roxbury, Mass.

MARRIED.

Eddy—Willis.—August 1, 1865, at "Idlewild," on the Hudson, the residence of N. P. Willis, Esq., editor of the *Home Journal*, Dr. William Eddy, of New Bedford, Mass., and Miss Imogene, eldest daughter of Mr. Willis.

Goodwillie—McGay.—In New York, on Thursday, August 3, by the Rev. Thomas Goodwillie, assisted by the Rev. J. D. Wells, D. D., Dr. D. H. Goodwillie, son of the officiating clergyman, and Miss Annie E. McGay, daughter of James McGay, Esq., both of New York City.

Hughes—Torrence.—By Rev. N. D. Porter, July 23d, in the Cumberland Presbyterian church of Punxsutawny, Jefferson co., Pa., Dr. J. W. Hughes, Surgeon of the Fifth Pa. Cav., and Miss Annie M., daughter of Hon. J. Torrence, of the above-named place.

Magin—O'Leary.—On Saturday, July 29, at St. James' church, New York, by the Rev. Mr. O'Callaghan, Thomas Moore Magin, M. D., and Helena, second daughter of the late John O,Leary, Esq., of Dromina, Charleville, county Cork, Ireland.

Mahon—Cloak.—On the 1st inst., at St. Peter's church, Smyrna, Del., by the Rev. Dr. Joshua Morsell, Dr. Charles L. Mahon and Emily F., daughter of John Cloak, Esq.

DIED.

Drake.—On Wednesday, July 26, at Westfield, N. J., of cholera infantum and dentition, Marion, infant daughter of Dr. William F. and E. R. Drake, aged 1 year, 1 month, and 16 days.

OBITUARY.

Prof. D. L. McGugin, M. D.

At a meeting of the profession of Keokuk, Iowa, the following resolutions were passed:

Whereas, In the wisdom of Divine Providence, our professional brother, Professor D. L. McGugin, has been taken from our midst to the "home of his fathers," therefore, as a last tribute to his departed worth as a citizen and member of our profession, and expressive of the sense of the members thereof in this city, it is hereby,

Resolved, That in his loss, which we deeply feel, we have been deprived of our association with one who ever sought the highest standard of scientific attainment, and who has felt that the chief aim of his life, next to his religion, was to advance the interest of the profession he so signally adorned for a period of more than a third of a century.

Resolved, That as a patriot, he having twice entered the service of the Government, when struggling with foreign and domestic foes, he was truly loyal in the highest degree, and set a glorious example by his personal sacrifices, his earnestness, and zeal, that the present and future members of our fraternity may well emulate.

Resolved, That as a friend and member of this Society, we have ever found our deceased brother faithful, just, and kind-hearted; liberal in his treatment and in his opinions of others, and never actuated by narorw, jealous, or unkind sentiments.

Resolved, That we tender our heartfelt sympathies to the family and relatives of the deceased, and more particularly to her who has shared with him the struggles, anxieties, aspirations, and honors of an eventful life, do we offer our sincere condolence.

ANSWERS TO CORRESPONDENTS.

Dr. J. R. G., Wapella, Illinois.—Bird on Urinary Deposits, sent by mail, August 4th.

Dr. G. A. R., Panama, South America.—Stille's Therapeutics, Fuller on Rheumatism, What to observe at the bedside, etc., sent by express, August 5th.

Dr. A. H. H., St. Clairsville, Ohio.—Bowman's Chemistry, sent by mail, August 4th.

Dr. J. F. J., Perrysville, Ohio.—Erichsen's Surgery, sent by mail, August 4th.

Dr. A. G., Dayton, Ohio.—Bumstead on Venereal, sent by mail, August 4th.

Dr. C. C. P., Harrington, Pa.—Tanner on Diseases of Children, sent by mail, August 4th.

Dr. W. L. R., Cerro Gordo, Illinois.—Lallemand on Spermatorrhœa, sent by mail, August 4th.

Dr. E. T. B., Stephensburg, N. J.—Da Costa's Medical Diagnosis, and Sulph. Cadmium, sent by mail, August 4th.

Dr. F. L. K., Canada West.—Wilson on the Skin, sent by mail, August 4th.

METEOROLOGY.

July	31.	A. 1,	2,	3,	4,	5,	6.
Wind	E.	S. E.	S. W.	S. E.	S. W.	S.	S. W.
Weather	Clear.	Cl'dy.	Clear.	Clear	Clear,	Cl'dy. Rain.	Cl'dy. Rain.
Depth Rain						T. & L. 1 4-10	T. & L. 7-10
Thermometer.							
Minimum	65°	65°	65°	68°	71°	73°	70°
At 8 A. M.	72	70	75	82	86	77	78
At 12 M.	81	77	83	86	87	85	85
At 3 P. M.	82	78	86	87	88	86	81
Mean	75.	72.50	77.25	80.75	83.	80 25	78.50
Barometer.							
At 12 M.	30.4	30.4	30.4	30.3	30.2	30.2	30.

Germantown, Pa. B. J. Leedom.

AMERICAN MEDICAL ASSOCIATION.

Members desiring copies of the Transactions for 1865, must forward their subscriptions ($3) immediately, as the number of copies published will be but slightly in excess of the number of subscriptions.

Wm. B. Atkinson,
Permanent Secretary,
215 Spruce street, Philadelphia.

Aug. 12, 1865.

THE

MEDICAL AND SURGICAL REPORTER.

No. 442.] PHILADELPHIA, AUGUST 19, 1865. [Vol. XIII.—No. 8.

Original Department.

Communications.

CASES IN MILITARY PRACTICE.

By Ch. F. J. Lehlbach,

Late Surgeon U. S. A.

I send you the reports of a few cases which occurred in military practice, which may perhaps be of sufficient interest for publication.

Epilepsy; Serious Fracture of Skull and Injury to the Brain; Death.—Autopsy.

Sergeant J. M., aged 37 years, was brought to the regimental hospital early in the morning of March 24th, 1864, laboring under an epileptic fit, one of a series, which had commenced during the night. In the course of two hours he had about ten paroxysms. One attack was so rapidly followed by another, that there was no intermediate period of consciousness. The usual antispasmodics, sinapisms, cupping, etc., were resorted to. In the afternoon the paroxysms became less severe, and there was an interval of four or five hours, during which he had none, the breathing became easier, and the patient could be aroused. He passed a tolerable night, having but few paroxysms. The next day the convulsions reappeared, and continued with more or less frequency, resisting all treatment, up to five o'clock the next morning, when he died.

The convulsive movements presented nothing unusual from ordinary epileptic convulsions, except that there appeared considerable hemiplegic tendency of the right side, such as breathing through the left nostril alone, considerably lowered temperature of the right side, etc.

Autopsy—Sixteen hours after death. The cicatrix of an old injury had been noticed during life, over the frontal bone, about two and a half inches from the superciliary ridge of the left side and an inch from the median line. It presented a depression of about three-fourths of an inch in length, half an inch broad, and one-fourth of an inch at its greatest depth.

On removing the skull no adhesions were found between it and the meninges. The bone showed a depression on its outside, corresponding to the cicatrix; but the internal surface of the bone was perfectly smooth, and there was but slight convexity, corresponding to the depression on its external surface. The bone, however, appeared thinner, as if it had, to some extent, been subject to gradual absorption.

With the exception of considerable congestion of the vessels of the pia mater, the meninges appeared normal. On examining the brain, that part of the anterior left hemisphere corresponding to the external injury, over a circle of about one and a half inches diameter, was found of a diffused, dirty-gray color. There was an obliteration of the convolutions, which had lost their convexity, appeared flat, and their margins illy defined. There was considerable disorganization of the brain substance in this neighborhood, it being softened and pulpy. There was no appearance, however, of true pus. There were several centres of softening within the area mentioned. On removing the pulpy masses there were found harder bodies, irregular in shape, presenting to the touch a cartilaginous-tendinous feel, which were at first thought to be spiculæ of bone, but on close examination were found to be fibrous, of considerable density and resistance. On section the medullary substance was found to have melted away, as it were, under the disorganized gray matter. The disease extended in depth nearly an inch. There was more than the normal amount of fluid in the ventricles, and effusion of clear yellow serum extending down the medulla, amounting to about three ounces. Very little could be obtained of the previous history of the patient, or the circumstances and time of the reception of the injury. He had had two very mild attacks of epilepsy during the two previous years of service,—the last about six months ago.

Case of Purpura—Speedy Recovery.

Previous History. F. S., private, joined the regiment, as a new recruit, in the summer of 1864; is about 25 years of age, strong and healthy, with the exception of a few mild attacks of diarrhœa, which soon yielded to simple treatment and regulated diet; he remained well, and on duty, until October 31st, when he was taken ill with remittent fever, and sent to Division Field Hos-

pital. He was sent home thence, on a sick furlough, Nov. 5. 1864, but when he reached Newark, N. J., had become so much worse that for a week he remained almost entirely unconscious, according to his statement, the disease having doubtlessly acquired a typhoid character. He remained a week under treatment of a civil practitioner, and was then transferred to the U. S. General Hospital. He remained there from the middle of November until February 8th, when he was sent to Bedloe's Island, Convalescent Camp.

Present State. The patient came to me April 30th, about noon, stating that he had been returned to the regiment about two weeks, and that he had felt perfectly well the day before and this morning. He went out to and through the regular Sunday morning inspection, which lasted about two hours. When he came back from inspection and was walking about, he noticed some pain and stiffness in his legs, more particularly the right, and on looking found them covered with an eruption.

On examination his right leg, from the ankle to the knee, is found covered with bright-red blotches of different size, from that of a pea to the size of half a dollar, irregular in shape. They are of a beautiful almost *arterial* red, do not disappear or discolor on pressure, are unaccompanied be any sensation of pain or itching, either *per se* or when pressure is applied. The patient, however, complains of great pain and soreness of the whole limb and the knee-joint, rendering walking an effort; there is little, if any, swelling. A few blotches have made their appearance on the other leg.

The pulse is natural, perhaps a little accelerated, but this is owing probably to the effect of walking. Tongue perfectly clean; gums firm, natural; bowels have been somewhat loose of late; no headache. Excused the patient from duty, and ordered rest.

Saw the patient again at 4 o'clock. Walks with greater pain and stiffness in the right leg, and his left leg is becoming more troublesome. During the interval of four hours since I saw him, the spread of the purpuric eruption has been wonderfully rapid. The spots have multiplied, become larger and brighter, and now extend above the knee, over the thigh, and incipient ones are beginning to be visible near the hip. They are also becoming more numerous on the other leg. Otherwise, and with the exception of greater difficulty of locomotion, the condition of the patient is the same. Ordered pulv. ipecac. et opii gr. x., before going to bed.

May 1st. Purpuric blotches still extending, but their color commences to change from the peculiarly bright-red of yesterday to a darker, purplish, bluish tint. There is as much stiffness and pain in the knees as yesterday. Pulse somewhat accelerated, and the patient complains of occasional chilliness and aches in his back and limbs. The patient was sent to the division field hospital.

But on the evening of the same day, the army being about to move, the patient was sent to the Depot Hospital at City Point. According to his statement, the eruption continued to travel up both legs, thighs, and hips, being at its height about the fourth day, and then commenced gradually to fade away, so that it had almost entirely disappeared on the ninth day. At City Point, with the exception of keeping the bowels open by saline draughts, no other treatment was resorted to. The swelling, stiffness, and soreness around the knee was considerable when the eruption was at its height, but passed away as the latter disappeared.

On the 17th of May, the patient rejoined his regiment near Washington, D. C., in good health, no trace of the disease remaining.

I looked upon the case as one of interest, it being decidedly the most typically marked case of its kind which has fallen under my observation, and occurring in a subject who had just fully recovered from an attack of typo-malarial fever, who appeared in excellent health and well-nourished condition, affords no explanation of the cause of purpura, except in the supposition that probably during his convalescence in General Hospital, he had for a considerable length of time been under the influence of one or the other of those remedies the continued use of which is asserted to give rise to a condition of the blood favoring the occurrence of purpura.

ENTEREMPHRAXIS—
Stricture of the Bowels from Organized Bands.

By Geo. K. Mitchell, M.D.,
Of Riverton, N. J.

Mrs. A. M., of Fairview, N. J., aged about 35 years, of high nervous temperament; has always been considered "delicate." Unusually robust this summer, yet the victim of obstipatio.

On Sunday morning, July 16th, immediately after breakfast complained of severe pain, subumbilicus. This intensifying, a homœopathic practitioner was consulted, in whose care the case rested until 3 o'clock, P. M., on Monday, July 17th, when I saw the case.

The only rational measure hitherto employed—

clysters—had only resulted in the dejection once of scybala. There was severe tormina—exhaustive, and painful to witness. Immediate and diligent search was made for herniæ; the surface of the abdomen was flaccid, and slightly umbilicated. Tongue clean, pulse natural; no evidence of intestinal inflammation. There occasionally occurred fits of nausea, with retching and emesis, once or more.

At once exhibited morph. sulph., off. sol. every five minutes, until relieved of pain. Commenced with hyd. chlor. mitis gr. x. every half hour, for three doses. Stimulating clysters constantly and abundantly used. At five o'clock two drops of croton oil were given in bread-crumb. At six o'clock three drops more were given. At this hour the sensations and outward condition of the patient were those of perfect health—only *no alvine discharge.*

I left the case for an hour and a half, with instructions to continue enemata as far as the bowels would patiently bear.

Eight o'clock, no passage. Podophyllin and hyd. chlor. mitis were given; stomach promptly rejects it, with stercoral emesis. Auscultation reveals that the intestines rumble, and roll, and propel their contents downward to a certain point. At last the melancholy and sure conviction that some mechanical impediment exists to make the bowel impassable, is communicated to the patient and her friends.

Dr. Sam'l C. Thornton, of Moorestown, N. J., is now associated in the case. The euthanasia is our desideratum.

Twelve, P. M. Stercoral emesis, followed by collapse; brandy and water, hot pediluvia.

How difficult to convince the surrounding friends that the disorder is irremediable. How painful to witness the patient slowly but surely perishing.

Turpentine and laudanum enemeta fruitlessly employed to allay vomiting.

Four, A. M., rapidly sinking. Five o'clock and fifteen minutes death closes the scene.

The *post-mortem* revealed narrow fillets of organized lymph bridling the descending colon through the entire left lumbar region, with an hypertrophy of the sub-mucous cellular tissue. Also adhesions of the peritoneal coats of the intestines was observed in several places. This organized lymph was also discovered in other situations, as over the colon in its sigmoid flexure, also superposed and free upon the peritoneal coats of the large and small intestines. The alvine duct comparatively empty.

The attractive lesson of this case is, how may organized bands in this locale be thrown out in a long period of previous good health, or the short space of thirty-six hours?

ON DISEASES OF THE INTERNAL EAR.*

By Laurence Turnbull, M.D.,

Aural Surgeon to Howard Hospital, Philadelphia.

(Continued from page 108.)

Nervous Hardness of Hearing.

Inflammation of the Periosteum.

Fortunately, this malady seldom attacks both ears simultaneously, so that the first attack is of little comparative importance, even if absorption is not procured—but who can say that the other ear will not at some future time become involved?

A gentleman closely connected with me, consulted me on April 16th, 1855. He had been completely deaf in the left ear since childhood, but heard well with the right. About two months before, he had experienced the most violent pain in the depths of the ear, but obstinately refused to do anything for it. Soon afterward, a discharge appeared, and loss of hearing took place. Two months afterward, as I have said, he applied to me. I could give him little hope of amelioration, and my diagnosis and prognosis were proved true by the fact that he was not benefited after six weeks' treatment.

Besides this acute form, I have observed a subacute form in which the power of hearing is impaired, but this takes place gradually and intermittingly, and is not attended with such severe pain; and it seems more especially to attack those in feeble health, with nervous temperaments. Perhaps this differs anatomically from the acute form, in that in the former there is only a quantitative change in the labyrinth fluid, whilst in the latter there are qualitative changes.

Mrs. V. T., a woman of delicate health, perhaps phthisical constitution, consulted me on March 1st, 1856, for hardness of hearing. She had frequently suffered in the evenings, during the month of December, 1855, from pricking sensations deeply seated in both ears, and since that time became hard of hearing, experiencing a slight but continual humming. The acoustic hearing apparatus was perfectly normal, of a very delicate construction: bony conduction was wanting; the hearing power was 14″ for the case-watch; this seemed to indicate that the case was nervous deafness. The relation of the power of hearing watches to the power of understanding speech was about the same as in acoustic deaf-

* From Erhard.—Rationelle Otiatrik nach klinischen Beobachtungen bearbeitet. Erlangen, 1839.

ness, of the same hearing distance for watches; the tuning-fork was well heard. On this account, the cause of the malady seemed to be a conversion of an acoustic into a nervous deafness, viz., by a diminution of the labyrinth water, and a consequent diminution of the vibrating power of the nervous tunic in it.

The degree of hardness of hearing has remained the same in this case for the last two years, a thing which would not have happened in congestion and structural changes of the nervous tunic.

Some authors describe a so-called otalgia, which they consider a true neuralgia of the sensitive nerves of the organ of hearing, unattended with any symptoms of inflammation in the other tissues. This is a view which I do not share, for I have never yet observed a case in which those acute neuralgic pains existed, which are so characteristic of "tic douloureux;" but on the contrary, I have always found that there was present inflammation of the fibrous tissues, either of the meatus, or, which was more frequently the case, of the tympanum and labyrinth.

d. Reflex deafness.

Under the general term of reflex deafness, I include all those forms of nervous hardness of hearing, whose cause exists not in the labyrinth, but in other parts of the organism. The fact of its existence is proved by my observations heretofore given. For instance, the case of the existence of a foreign body in the meatus, in which there was absence of bony conduction, which returned on the removal of the foreign body. Many cases of nervous hardness of hearing occurring in connection with sympathetic affections in other parts of the body, and where a treatment predicated on such a diagnosis was attended with fortunate results, sufficiently confirm the truth of this view.

We make the division into two great groups, the purely dynamic, in which, according to analogy with others, there are no pathological changes in the nervous tunic, and the material in these is faulty composition n the blood, or faulty circulation in the capillaries of the nervous tunic.

Of the first there are three forms:

1. Purely nervous reflex deafness, resulting from disturbing causes within the organ of hearing.
5. The same, resulting from disturbing causes existing in other organs, (the sympathetic.)
3. The hysterical form.

To the last group belong:

1. The anæmic.
2. The plethoric form.

a. Dynamical reflex deafness.

If the cause lies in the organ of hearing, (in the external meatus, Eustachian tube, or tympanum,) it is removed by the removal of the foreign body.

I have frequently seen reflex deafness as a symptom or sequel of worms, and disappear with the primary affection. The characteristic symptom in such cases is the direct ratio existing between the degree of hardness of hearing and the degree of disturbance which the worms cause; and when the highest degree of the former exists, there are always other reflex symptoms.

A woman consulted me on Dec. 4th, 1854, in regard to the hardness of hearing of her daughter, a girl of eight years, which always increased at the time of full moon, and was accompanied with pains in other parts of the body. On examination, there was found an absence of bony conduction, and a hearing distance of only two inches for the cylinder watch. I ordered an anthelmintic electuary. Several lumbrici were discharged, and on the 12th of December, bony conduction had returned and the hearing distance for the cylinder watch was 24 inches.

b. Dysecoia hysterica.

A form of reflex deafness possessed of great physiological interest is that which we sometimes meet with in females, in well-marked hysterical symptoms. Its diagnosis is established by means of these general symptoms. The hardness of hearing generally commences before puberty, without pain and without any apparent cause, increasing with greater or less rapidity, and reaching a greater or less degree of severity, sometimes stopping at a certain point without further increase, sometimes going on to an unfortunate termination; in a few cases it disappears with the disappearance of the other hysterical symptoms after a few safe deliveries. The energy of the auditory nerve is less impaired quantitatively than qualitatively. To be sure, bony conduction is destroyed, and the power of hearing the tuning-fork is lost, and that of hearing watches is very considerably diminished, but we must observe that the power of perception is not measured by the intensity of the sound vibrations; loud noises easily produce reflex actions, which proceed from the auditory nerve, such as cold shiverings, tremblings, etc. According to the idiosynerasy, certain sounds are often remarkably well heard; there is, therefore, a want of harmony in the symptoms relating to hearing.

The same thing is observed with regard to the power of understanding speech; for, whilst the hearing distance for watches does not change, the power of understanding speech may, in a remarkable degree, according to the humor of the patient, or the general condition of his system.

There are hours in which it is impossible for them to understand a conversation, and at other times they seem actually to forget their hardness of hearing, and astonish us by the facility with which they understand. They are fond of music, and sometimes show great musical talent. The same changeable nature is observed in the humming, which sometimes ceases for the time, at other times is so violent as to cause more distress than the hardness of hearing.

The diagnosis of this form becomes easy from a consideration of what has been said. In 1100 cases, however, I have observed it only four times. The treatment is of course to be conducted according to the general indications, and to be directed to the hysterical condition, but the organ of hearing must remain a noli me tangere. The prognosis is on the whole unfavorable; the malady is more likely suddenly to disappear of itself than to yield to treatment however judicious. Patients of this kind are never satisfied, unless all possible means of cure are employed, but I am satisfied that all attempts to effect a cure by such means as endeavoring to excite the auditory nerve by vapor of vinegar, etc., passed into the tympanum, are useless.

The best treatment is a tonic treatment.

It is natural that all qualitative as well as quantitative changes in the blood of the capillaries of the nervous tunic should impair the functions of the nerve fibres, and also that these changes should be of a primary and local character, or of a secondary and general nature. The primary I have described under the head of congestion and its results. The secondary, in which I can show a deeper connection with other maladies, I will divide into the anæmic and plethoric forms.

[To be continued.]

Hospital Reports.

PENNSYLVANIA HOSPITAL,
Aug. 9th, 1865.

SURGICAL CLINIC BY DR. T. G. MORTON.

Reported by C. R. Morgan.

Amputation of Thigh.—Acupressure.

1. — —, æt. 25. This day a week ago, I performed upon the patient before you an amputation of the thigh, about the middle, on account of chronic strumous synovitis, usually known as white swelling. The disease had been over two years' duration. You recollect how extremely prostrated and emaciated the patient was, from the long continued discharge and pain. His condition I felt confident could not be improved so long as the cause of irritation remained, and as his stomach and bowels were in a good state I deemed it best to remove the limb, and made a double flap operation, securing the vessels with the acupressure needles, after the plan proposed by Prof. SIMPSON, using his third method, viz., the passing under the vessels a common sewing needle (gilt), to which is attached a wire, so that the needle can be removed at pleasure; having passed the needle securely under the artery, a loop of silver wire is slipped over the point of the needle passed over the upper side of the vessel and around the base of the needle, traction being made, it is secured by giving it a single twist on the needle. Thus the vessel is compressed between the needle below and the wire above. In this case I used seven needles, five of which I have taken away. The femoral pin I have purposely left, on account of the non-plastic condition of the blood, and because I can feel the pulsations of the femoral artery low down in the stump. The other remaining needle compressed a large vessel in the sciatic nerve, and less pain will be given when withdrawing it after suppuration is established. There is no disadvantage in leaving the needle on the femoral artery a day or two longer, and we will then run less risk when withdrawing it, of working loose the clot in the vessel, which as yet I fear has slight organization. The advantages claimed for this plan of controlling surgical hemorrhage are:

1st. That we can more readily obtain union by first intention. 2d. That there is less reason to fear pyæmia. 3d. We do not have in the wound ligatures acting as setons, each one with a small portion of dead matter "anchored," as Dr. SIMPSON expresses it, at the bottom of the wound. The vessels he believes are closed by union by first intention, whereas in using the ligature it is of course by the usual process of inflammation, with a sloughing of the ligated portion.

There are disadvantages, I think, in the present form of acupressure. To obtain union by first intention we cannot close up the stump for several hours after the operation, thereby obliging our patient to undergo another severe operation in dressing the stump; for if any after leakage take place, of course this would necessitate softening and discharge, and there are frequently many small vessels which we would in the ordinary operation ligate, but in using acupressure we may apply for the first few hours serrefine. These of course have to be taken off before dressing the stump, and saves us the necessity of using so many needles.

Another objection to the needles is, that there is difficulty in removing them. It is not always possible to recollect exactly which way they point, and pain is caused by their withdrawal. Patients have complained to me very much of a pricking sensation every time the stump was moved, which with some amounted to great pain, the needle probably penetrating some nerve: and it is altogether impossible to have a dozen wires sticking out between the flaps without having them moved more or less, and the parts within irritated. The application of acupressure takes more time, and more blood is lost than during the process of ligation. In some amputations this would not make so much difference, but in the case before you every ounce of blood was of the greatest importance, as the patient had been almost exhausted from the discharge, and had hardly any blood in his body. He has, however, done well, and I think will make a good recovery. Many of the objections to acupressure may in time be overcome, and a simpler and safer method may yet be devised.

2. — —, æt. 14. This operation was performed before you three days ago. The boy is 14 years of age; was running behind a wagon; he tripped and fell forward, his knee being caught in the spokes of the wheel, producing a compound fracture of the femur, in advance of the condyle. The bone, which protruded some five inches, was entirely denuded; there was also a laceration of the femoral vessels. After amputation by the circular method, I secured the femoral artery with a long pin, by the first method of Simpson, viz., passing the pin through the integument, two inches above the point of amputation, close to and running it behind the vessels, and bringing it out on the surface, as near as possible to the point of entrance. This, however, was insufficient to control the hemorrhage, and I applied the third method, which effectually checked the flow, not however until a considerable amount of blood had been lost. Six other vessels were secured by the same method. An hour afterward I closed the stump with leaden sutures, the boy having recovered from the influence of the anæsthetic. The pain of introducing the sutures was excessive, and the patient was much prostrated by it. Had I used ligatures instead of the acupressure needles, I should have tied every vessel however small, and had the stump done up while the patient was yet under the influence of the anæsthetic. But in order to get union by first intention, I left the stump open, so that before closing it I should be able to wash out all clots. Six hours after the operation considerable hemorrhage was observed, and the stump was opened; it was checked by exposure. I simply brought the flaps together by adhesive strips, and of course do not expect primary union; the stump, however, looks well, and the long pin on the femoral was readily removed 48 hours afterward. Some little pus was observed to come out from the back of the pin; he is however doing very well.

Hydrocele.

— —, æt. 65. — —, æt. 60. Of this affection we treat a very large number. The two patients before you, suffering from this complaint, are both elderly men, past sixty years.

By hydrocele we understand an accumulation of serous fluid in the sac of the tunica vaginalis testis, or upon the cord of the testicle, in the form of a distinct cyst or cysts. The testicle as it descends into the scrotum carries down a duplicature of peritoneum, forming a covering for the organ itself, as well as a sac in which the testicle hangs, the communication between the cavity of the peritoneum and the sac, usually becomes obliterated.

Congenital hydrocele in infants is sometimes met with, where the opening into the peritoneal cavity has not become closed. In that case the fluid can readily be forced into the cavity of the abdomen.

The disease often comes on without any apparent cause, and may reach a great size without producing any pain; the greatest inconvenience is from its weight dragging upon the cord.

In shape they are usually pyriform, tense and hard, with a marked elastic feel. By transmitted light we can readily detect the fluid, by placing the thumb and fore-finger across the cord at the ring; and by directing the patient to cough, we can detect the presence of any portion of gut in the scrotum. In hydrocele no impulse is sent through the parts. The fluid is usually of a pale-straw color, unless mixed with disintegrated blood, as sometimes occurs in very old cases. For the permanent relief of this affection, we resort to a radical cure. The operation I shall perform in these two cases will be the tapping of the sac, and the introduction of a seton. I prefer it to the iodine, or port-wine injection, or to the lead, iron, or silver wire, as most likely to effect a cure. The trocar is passed in at the lower part of the tumor, and when the fluid is drawn off the trocar is made to emerge at the upper part of the sac, and the silk seton is then passed through the canula, the latter being withdrawn; the threads are securely tied over the integuments. We thus have the seton traversing a considerable extent of the

sac. As soon as sufficient inflammation has been excited, we remove the seton; this is usually the case in two or three days; exudation of plastic lymph takes place; finally, the walls of the sac become glued together, and the cure is completed, generally in from four to six weeks. Should any great amount of suppuration take place, it is well to freely lay open and empty the sac, and dress the wound with some stimulating wash. As the case progresses, strapping the testicle will greatly hasten the cure.

JEFFERSON MEDICAL COLLEGE,
May 24th, 1865.

SURGICAL CLINIC BY PROF. GROSS.

Reported by William T. Bullock, M. D., of Rhode Island.

Gunshot Wound of the Leg.

Phineas McM., twenty-seven years of age. This man was wounded by a musket ball, two years since. The ball passed through the lower portion of the leg, from before backward, about three inches above the ankle joint.

The openings made by the ball still discharge pus, the parts around being a good deal inflamed, and the seat of a throbbing pain.

Upon probing, dead bone is found at the bottom of the posterior opening, and removed by the forceps. The edges of the ulcer are then pared, and the solid nitrate of silver applied lightly to the surfaces, in order to give a better starting point for granulation.

℞. Tinct. iodinii, fʒj.
Alcohol, fʒij. M.

To be applied twice a day to the inflamed surface.

℞. Plumbi subacetatis, ʒj.
Opii, ʒss.
Aquæ, Oiij. M.

To be applied constantly to the affected parts.

June 17th. The ulcers now discharge but little pus, and the amount of inflammation in the surrounding parts is greatly reduced.

℞. Ungt. hydrarg., ʒj.
Cerati adipis, ʒiv. M.

Strumous Abscess.

Mary Ann H., ten years of age. This child has been the subject of tuberculosis of the vertebræ, as is shown by the existence of deformity of the spinal column. She is now suffering from an abscess at the upper and inner part of the thigh. The abscess fluctuates, and the skin over it is discolored.

Upon opening the abscess there is an escape of scrofulous pus, together with a peculiar looking substance of a semi-solid consistence, being probably a disorganized lymphatic gland. The child must be kept quiet in bed for a few days, and its diet should be of a nutritious character, giving it a little milk punch occasionally.

℞. Tinct. ferri chloridi, fʒj.
Quiniæ sulph., ℈j. M.

Take ten drops three times a day.

Partial Anchylosis of the Shoulder Joint.

Pat. M., twenty-nine years of age. This man has partial anchylosis of the shoulder joint, resulting from a dislocation which occurred last September.

The adhesions should be broken up, and the absolvents stimulated by the employment of systematic passive motion. The parts should also be subjected to the hot douche, and well rubbed twice a day with soap liniment and ammonia.

Scirrhus of the Mammary Gland.

June 14th. Mrs. D., thirty-eight years of age. This woman has a tumor, situated in the right mammary gland, of nearly five months' duration. The tumor is of almost stony hardness, freely movable with the gland, and is the seat of a sharp lancinating pain, which is most severe in damp weather.

The breast is slightly larger than its fellow, and the nipple is retracted, but the skin covering the gland is of a natural color, and there is no enlargement of the subcutaneous veins or of the axillary glands. The symptoms point to the scirrhus nature of the growth, although the patient is young to be afflicted with this disease. The period between the age of forty-five and fifty is most prolific of scirrhus of the breast, but it occasionally occurs in persons much younger or older. The present case is a favorable one for an operation, as the tumor is small there is no lymphatic involvement, but slight retraction of the nipple, and no impairment of the general health.

℞. Pil. hydrarg.,
Pulv. jalapæ, āā gr. x.
Pulv. ipecac., gr. ij. M.

Divide into two pills, and take one at night, followed next morning by the second.

June 22d. The breast and surrounding fatty tissue are removed, the incision through the skin being made of an elliptical shape, including the nipple, and made to correspond in its direction with the fibres of the great pectoral muscle. The tumor is not adherent to the skin or muscle. The wound being closed by the interrupted suture and adhesive strips, a compress and bandage are applied.

Cystic Tumor of the Antrum of Highmore.

S. S., thirty-nine years of age. This man has a tumor of five months' growth on the left side of his face, in the situation of the antrum of Highmore. By placing a finger inside of the mouth, and another upon the outside of the tumor, and

making alternate pressure, distinct fluctuation may be produced, giving also a parchment-like feel to the fingers. That this is not a malignant growth is shown by its long duration, with the absence of pain and ulceration.

June 28. An incision being made into the tumor by cutting through the mucous membrane of the mouth, just above the alveolar processes, the contents escape, consisting of about three ounces of fluid, containing shining particles resembling cholesterine. This is a cystic tumor of the antrum, produced by the occlusion of its natural outlet.

The secreting membrane lining the cavity has continued the exercise of its functions, and the fluid thus formed, pressing upon the surrounding walls, has distended them greatly, and reduced them to the thinness of parchment, the osseous matter being absorbed, and a fibro-cartilaginous substance taking its place. Fortunately in this case the outer wall has been the first to yield, so that the eye has not been encroached upon.

If the opening by which the cyst has been evacuated is allowed to close, there will be a return of the tumor, as it is not possible to re-open the natural duct of the antrum. Hence it will be necessary to introduce a tent into the opening made by the knife, and syringe out the cavity occasionally with water, followed at the expiration of a few days by injections of a dilute solution of chlorinated soda, in order to change the nature of the lining membrane, and allow the cyst to become obliterated by the contraction of its walls.

Phthisis.

E. W., nineteen years of age. This woman complains of a sore throat, which has troubled her during the past two years. Her voice is husky and feeble; has had three copious hemorrhages in the last two years; she is troubled with a cough, attended with the expectoration of mucus; has a chill every afternoon, followed by heat of skin, and terminating in profuse perspiration; sleeps well at night, without suffering from night sweats, and has not lost much flesh, although her countenance is pale and her lips bloodless; suffers a good deal from a constant pain across the chest. Her digestion is poor, being troubled by heartburn, and a sensation of fulness after eating. There has been an absence of the menstrual flow for the last six months. Auscultation shows a diminution of the vesicular murmur at the apex of both lungs, but especially of the left. Percussion reveals dulness at the same points.

℞. Pil. hydrarg., gr. ij.
Pulv. aloes, gr. iss.
Pulv. ipecac., gr. j. M.
Fiat in pil.

To be taken at night, and followed in two days by another, and then repeat the dose every fourth day.

℞. Tinct. cinchonæ, f.ʒiijss.
Tinct. ferri chlor., f.ʒss.
Morphiæ sulph., gr. ij. M.

Take a teaspoonful three times a day.

Her diet must be of the most nutritious kind, and she must take a tablespoonful of whiskey in a tumbler of milk, four times in the twenty-four hours.

June 21st. Patient has improved somewhat in color and in strength.

Continue the same treatment.

Epithelioma.

James D., thirty-six years of age. This man has a warty excrescence upon the lower lip, in the median line. The growth is the seat of a darting pain. The growth was removed about four months since, but repullulation commenced within two weeks after the operation.

A V shaped portion of the lip, including the tumor, is removed, and the wound closed by the hare-lip suture.

Housemaid's Knee.

John F., thirty-two years of age. The patient has a tumor situated just in front of the patella. The growth is of three weeks' duration, the patient first observing it about one week after receiving a blow upon the knee. The tumor fluctuates, and is readily indented by the finger, feeling tough, as if consisting of a thick cyst. This is a case of the affection called "housemaid's knee," it being the result of inflammation of a synovial bursa. One of the most important indications to be observed in the treatment of this affection is rest.

The patient must lie down with his limb in an easy, relaxed, and elevated position. His diet must be simple and light, eating no meat, no pastry, and drinking no coffee, nor alcoholic stimulants. Apply fifteen or twenty foreign leeches, and then keep the parts wet with a solution of sugar of lead and opium. A blister applied over the tumor would also be highly useful.

If this was a chronic case it would be proper to puncture the cyst, and having allowed its contents to escape, to inject it with the diluted tincture of iodine; or it might be opened by the knife, and a tent placed in it, thus forcing it to heal from the bottom. It is not proper to remove a tumor of this nature by excision, as death has followed this operation from the violence of the resulting inflammation.

Medical Societies.

TRANSACTIONS OF THE VERMONT MEDICAL SOCIETY.

Annual Session held at Montpelier, October 19th and 20th, 1864.

The above is, we believe, the first attempt of the Vermont Medical Society to publish its transactions. The committee having charge of the matter has delayed printing the Transactions waiting for the annual address of the President, P. D. Bradford, M. D., of Northfield, and as it was not received, the committee present in its stead the historical portion of the annual address of 1858, by Dr. Stephens, giving the first legal existence of the Society, its progress and development; also an accurate history of pioneer practical medicine and surgery in Vermont.

The Society met in annual session on the 19th day of October, 1864, at 10 o'clock, A. M., in Room 12, State House, Montpelier, Vermont, and was called to order by Dr. P. D. Bradford, of Northfield, President. About one hundred physicians were present — fully one-fourth of the regular profession in the State. The annual address was then delivered by President Bradford, upon the subject of Tuberculosis. We are unable to judge of the merits of the address because, as above remarked, it is not presented with the Transactions. Before the discourse was concluded, the President was interrupted by a gentleman abruptly entering the Hall and announcing that ruffians had entered the village of St. Albans, and were murdering the inhabitants, burning their dwellings, robbing banks, stealing horses, and plundering indiscriminately. Of course, the society adjourned, and the President was unable to finish the address until the succeeding day.

An excellent report upon

Spotted Fever

is presented by Dr. A. T. Woodward, from which we subjoin a few extracts to show the tendency of his conclusions.

Typhus fever, jail fever, hospital fever, ship fever, putrid fever, camp fever, spotted fever, and cerebro-spinal meningitis, are some uf the synonyma that have been given this disease. It seems to me very important to have settled, if possible, this question of identity. Typhus, jail, camp, hospital, and ship fever, are almost universally acknowledged one and the same asthenic disease. Now, if typhus is an asthenic affection, and cerebro spinal meningitis a sthenic one, there can exist no identity between the two diseases. Spotted fever has been called typhus fever and cerebro-spinal meningitis. As it has been shown that these two diseases are dissimilar affections, it is quite impossible for spotted fever to be identical with both, and it remains to be seen with which, if either, it bears identity. In typhus, the eruption rarely appears before the seventh day, usually between the seventh and fifteenth days. In spotted fever, the eruption appears on the first or second day. In typhus there is always some confusion of intellect. It is not so in spotted fever. Typhus has been justly classed with continued fevers. Spotted fever is more closely allied with the remittent type.

The first stage of the disease is one of collapse, of variable length and intensity, in which the patient may perish, reaction not taking place. The period of collapse is very variable, sometimes terminating so soon in reaction as scarcely to be recognized as a stage; or it may be prolonged for hours, terminating in death; or it may pass into normal reaction; or excessive reaction, with excitement and prostration; or, lastly, it may terminate in exessive reaction with fever.

In reference to treatment, Dr. Woodward advises it to be conducted in accordance with the stage of the disease, and the peculiar condition of the stage at the time of prescribing. In the first stage, or stage of collapse, the patient should be wrapped warmly, or frictions used, to promote capillary circulation. A very careful use of stimulants may be serviceable, care being exercised against too free use of them, for fear of excessive reaction, or congestion of any of the cavities. Congestion may take place in the cold stage, and the danger is enhanced by too free use of internal stimulants. Resort to internal stimulants, in this stage, then, from necessity, not as a matter of choice.

If the case runs into coma, very little can be done. If it terminates in fever, it must be treated as a case of excessive reaction, with fever. The greatest danger arises from the strong tendency there is in this condition to establish inflammation, most especially in the brain and spinal cord, and occasionally in other organs. Opium has frequently, in his hands, aggravated the distress in the head. No good will come of sweating the patient in this condition. Belladonna, as an anodyne, has effected the purpose in some cases. The tr. ferri chloridi is only applicable to the condition of excessive reaction with prostration and excitement, when the pulse is soft and weak.

Dr. L. C. Butler, of Essex, reports another valuable paper on *Cerebro-spinal Meningitis*, which want of space compels us to pass without the comment it deserves. We will merely quote his therapeutic indications.

1st. To support the strength of the patient;
2d. To combat the local symptoms;
3d. To eliminate the poison causing the malady from the system.

This appears to express the opinions of those who have most thoroughly investigated the disease.

Dr. E. F. Upham, of West Randolph, contributes a paper upon *Disease of the Brain.*

Dr. O. F. Fassitt, East Berkshire, presents a report on the *Epidemic Diseases of Franklin County*, of which acute dysentery and cerebro-spinal meningitis were the chief. The former

appeared about the first of August, with typhoid symptoms and condition—tongue dry and red, sordes about the teeth and lips, extreme dryness of surface, coolness of extremities, thirst, pulse frequent and feeble, prostration, restlessness, delirium; and in fatal cases, involuntary discharges, vomiting, sunken features, abdomen flattened—collapsed to the spinal column, cold perspiration and death. In many cases, the discharges changed to a dark, muddy, tar-like appearance, or to a blackish green, and were very offensive. In some cases, after a few hours of bloody mucous discharges, suddenly they changed to what resembled rice water, or whey, mostly involuntary and accompanied by rapid prostration. Bleeding from the nose and from the gums was a frequent symptom.

The treatment found most successful was a general supporting and stimulating course, brandy, wine, broths, etc.; fomentations to the abdomen, and opiates to quiet the restlessness. Among astringent remedies none seemed to answer as well as acet. plumbi, combined with opium and ipecac. Many specifics were tried, such as large doses of ipecac., charcoal in fine powder, decoction or extract of oak bark (quercus alba), sulphuric acid, etc., but no one obtained a decided preference. Injections of warm water or mucilage, and in some cases cold water, with a compress wet with cold water to the abdomen, seemed of benefit. As the rainy season came, the dysentery disappeared.

Dr. E. A. Pond, of Rutland, presented a comprehensive paper on *Diphtheria*, which contains many valuable suggestions as to treatment, etc.

The Committee on Publication has properly appended to the Transactions a list of surgeons who have received commissions in the army during the war. We hope other societies will do the same.

The time and place of the next annual meeting was June 28 and 29, 1865, at the village of Stowe. The society is congratulated upon the neat appearance of the first volume of its Transactions, and from the interest displayed by the members at their last meeting, we do not doubt that the talented and energetic physicians of the State will continue the mutual support so essential to all associations of this character.

Editorial Department.

Periscope.

Umbilcal Hernia.

In the Transactions of the Medical Society of the county of Kings, New York, as published in the *Buffalo Med. and Surg. Journal*, we find the account of a case of umbilical hernia, which proved fatal.

Dr. Enos presented the specimen; it was taken from a man æt. fifty-six years, short and fleshy, weighing 280 pounds. He had suffered from it for a number of years, wore a truss; but the hernia never fully returned. Several weeks before his death more of the contents were forced through the opening, when he was immediately seized with pain; mustard was applied by his wife, who thought it to be merely colic. Two days later he was seen by his physician, in collapse, weak, rapid pulse, profuse perspiration, vomiting greenish matter.

The tumor was twenty inches in circumference and strangulated. Anæsthetics administered, the parts were cut down upon, the peritoneal sac being opened during the operation. The omentum was found to have protruded, and had formed a kind of sac on the abdominal wall. The adhesions were broken up and the contents returned into the abdomen. The man gradually sank, and died in forty-eight hours. On post mortem, a fraction of the small intestines, probably the ileum, had also been found to have protruded, and this had produced the grave symptoms.

L.

On Causes of Failure in Vaccination.

In the *Amer. Jour. of Med. Sciences*, is a valuable paper on this subject, by Dr. D. Francis Condie, of this city, where he says that the general conclusions to which he has been led, in respect to the leading causes of the failure of vaccination as a reliable preventive of variolous infecton, are that, in the great majority of cases, at least, the want of success is traceable either to the employment of spurious or effete matter, or to the communication to those operated on of only a partial vaccine infection, or one of only temporary duration. There are many causes by which vaccine matter may be rendered inactive or effete. Even after a genuine and perfect vaccine vesicle has been produced by the introduction of the most unexceptionable virus, its regular course may be interfered with by some accidental irritation, and simple inflammation set up, causing the vaccine lymph to become mixed to a greater or less extent, with ordinary pus globules. Should the scab, formed in such a case, be made use of for vaccinating, a sore arm will in general occur, but either no vaccine infection of the organism will be produced, or only to a more or less limited extent; insufficient always to insure complete and permanent protection from the variolous poison. By the experienced and observant vaccinator, matter thus deteriorated would, of course, be readily detected, or should it have been accidentally made use of, he would find no difficulty in distinguishing the local phenomena induced by it from those of genuine vaccination. But, unfortunately, vaccination is often entrusted to careless and inexperienced operators, or to persons altogether unfamiliar with the true characteristics and regular course of the phenomena which resulted when vaccination is performed with genuine and efficient matter. By such, a sore arm produced by the introduction of spurious or partially effete matter, has been, he knows from personal observation, not unfrequently, mistaken for those of perfect vaccination, and thus many an unfortunate individual, reputed to be protected from the small-pox, is sent forth to

encounter its contagion, with the liability to an attack of the small-pox or of the so-called varioloid disease.

New Views of Electricity.

Mr. E. Martin has presented a memoir to the French Academy of Sciences, entitled, "An Electro-chemical Study of real simple bodies, Ponderable and Imponderable, divided into Two Classes by Peculiar Affinities." The author has arrived at a new science of electro-chemistry, based on the following assumptions, or, as he regards them, proved facts:—1. That the two electricities are not forces, but simple material bodies endowed with chemical properties, by virtue of which they form compounds with simple ponderable bodies. 2. That the two electric fluids of the battery are not produced by any physical action, but by a chemical action of the ponderable bodies which hold them in combination, and which by uniting with each other set the electricities at liberty. 3. That these same electricities collected by conductors, and transmitted in currents, participate directly in the actions they produce, and combine chemically with the elements they disunite. We may give the author's views at length upon some other occasion; at present we may quote the decomposition and composition of water, as an illustration of his ideas. Negative electricity he distinguishes as *electrile*, gives it the symbol El; positive electricity is *etherile*, symbol Et. The formula of hydrogen becomes therefore HEl, and that of oxygen OEt. The two electricities arriving at opposite poles attract in the decomposition each its proper element, and we have

$$HO+El+Et=HEl+OEt.$$

The two electricities in uniting with each other, produce caloric, symbol C*, and light, L*. Here, then, are the essential principles of electro-chemistry; two electricities possessing peculiar and invariable affinities which unite with each other to form two *imponderable compounds*, heat and light, and with simple ponderable bodies, also endowed with peculiar affinities of two kinds. We have thus two classes of bodies:—1. *Oxic*, which includes electrile, an imponderable body, and six ponderable elements, oxygen, fluorine, chlorine, iodine, bromine, and nitrogen; 2. *Basic*, which includes etherile, a simple imponderable body, the basic metalloids, hydrogen, carbon, boron, phosphorus, sulphur, selenium, and silicium, and all the metals. The author concludes—until now, chemists have only recognized the effects of chemical union, but have never before discovered the cause—now the cause is manifest. Bodies of the same kind are indifferent to each other, but they unite themselves with all bodies of the opposite kind, and the fundamental law of chemical union thus rests upon the quality of the kinds of simple bodies.

Raw Meat and Alcohol in the Treatment of Phthisis.

It is stated in the *Med. Times and Gazette*, that M. Fuster introduced these remedies in the treatment of phthisis into his clinical ward at Montpelier only in April last, and he reports already its success, in order to induce others to give it a trial—not so much, indeed, as a cure of phthisis, as a means of restoring the strength in exhausting diseases, such as phthisis, purulent infection, and the like. The treatment consists in the employment of raw meat in conjunction with small doses of very diluted alcohol. Raw mutton or beef reduced to a pulp in a mortar, and separated from the tendinous portions by means of a sieve, is given in boluses rolled in sugar, or in a state of sugared pulp by teaspoonfuls at a time; so that from 25 to 75 drachms are taken daily. A drink is made by diluting a portion in cold, sweetened water, for allaying the thirst. The alcoholic potion is composed of 25 drachms of alcohol at 20 deg. Baume diluted in 75 drachms of sweetened vehicle, and given in tablespoonful doses every hour. The proportion of alcohol and the intervals at which it is given must, however, vary with the susceptibility of the individual. The combination of the two agents is, in M. Fuster's opinion, indispensable for the production of a beneficial effect, "the one seeming to exercise a reconstituent action, and the other a more direct action on the organs of hæmatosis." He declares that, under the influence of such combination, several patients, suffering from advanced phthisis and purulent infection, have become completely cured—though, seeing the short time that has elapsed, temporarily alleviated would be probably the more correct expression.

Reviews and Book Notices.

Report of the Recording Clerk of the Hospital Department, and the Physician and Superintendent of the Insane Department to the Board of Guardians of the Philadelphia Alms House, for the year ending December 31, 1864. Philadelphia, 1865.

In accordance with the duties of the Recording Clerk, the above Report is submitted of the Alms House for 1864, from which it would appear that during the year there were treated in the Hospital five thousand eight hundred and fifteen (5,815) cases; three thousand four hundred and fifty-five (3,455) were cured; five hundred and thirty-two (532) died; and five hundred and fifty-five (555) remained in the wards. A large number of patients have also been prescribed for in the out-wards; especially upon the female side, where many of the old women are so comfortable, that it is with great difficulty they can be prevailed upon to go to the hospital.

The clinics have never been so well attended. Though the new clinic room is one of the largest in the city, yet it has been insufficient to accommodate the large number of students in attendance. The great variety of disease presented, and the able manner in which the clinics are conducted, offer opportunities to the student not equalled elsewhere in Philadelphia, if any where in the United States.

Dr. Girvin, the Recording Clerk, asks that clinical clerks be selected from the students to accompany the physicians in their visits to the patients, to keep an accurate record of the interesting cases. We hope this suggestion will be adopted, as it incurs no additional expense, and will be productive of the greatest good to the profession.

In looking over the report of cases occurring in the Black Men's Medical Ward, we see 4 cases of typhus fever, 4 of typhoid fever, and 44 of "Negro" fever. To us this is a new term, and we see it is a name given by Dr. Ludlow to a class of colored patients, characterized by the following symptoms, viz.

"Extreme prostration; delirium, in some cases so violent as to require tying in bed; dull, heavy expression of face; eyes, suffused; skin, dry and cool; pulse, soft, flickering and frequent; tongue, moist; bowels, constipated; no tenderness over abdomen; subsultus, tendinum excessive.

"This fever would scarcely be confounded with typhoid, and differs from typhus in the want of any appreciable eruption; in invariably having a cool skin; in its very rapid convalescence, which seemed to commence almost from the hour the patient entered the ward, and in its want of malignancy; not a single case proving fatal."

Treatment consisted of aperients, turpentine, quinine, and mineral acids. The patients were nourished by milk punch, beef essence, wine whey, chicken broth, etc.

It will be observed that the symptoms are peculiar, and we hope Dr. Ludlow will give a more detailed account of the affection through some of the medical journals.

In the Children's Asylum an epidemic of malignant measles prevailed during the months of April and May. About the time the eruptions began to disappear, many of the patients sank, and died in a few hours; others lived a few days, and died from debility, congestion of the lungs, or pneumonia.—An autopsy was made in nearly every case, and invariably revealed a broken-down condition of the blood, and an *exceedingly fatty liver*—the latter constituting the most interesting pathological change.

Included with the Clerk's report is the Report of the Physician and Superintendent of the Insane Department, from which it appears that the following admissions are reported:

Insane Department.

	Men.	Women.	Total.
Number of Patients in Hospital, Jan 1, 1864	183	351	534
" " admitted during the year	166	198	364
Whole number under treatment during 1864	349	549	898
Daily average under treatment do.....	199.3	355.8	555.1

Under the head of Discharges, we find the following:

	Men.	Women.	Total.
Discharged cured	64	68	132
" improved	30	49	79
" unimproved	13	17	30
Died	40	55	95
Whole number discharged	147.	189	336
Remaining, December 31, 1864	202	360	562

It will be seen by the above table, that during the year 1864 there were admitted into the Insane Department of the Alms House 364 patients, of whom 166 were men, and 198 were women. These added to the number remaining in the Institution on the 1st of January, viz., 183 men and 351 women=534, gives a total of 898 patients, who were under treatment during the year, of whom 349 were men, and 549 were women.

There were discharged during the same period a total of 336, of whom 147 were men and 189 were women. Of these 132—viz., 64 men and 68 women were discharged *cured;* 79—viz., 30 men and 49 women, were discharged *improved;* 30—viz., 13 men and 17 women, were discharged *unimproved;* and 95—viz., 40 men and 55 women, *died.*

As compared with 1863, the admissions during the past year were six more, and the discharges nineteen less, and the actual increase for the year, was twenty-seven.

The following table, showing the per centage of each class of those discharged, is based on the admissions. The cause of the high rate of mortality is explained elsewhere.

Discharged Cured	36.26
" Improved	21.70
" Cured and Improved	57.96
" Unimproved	8.24
" Died	26 09

The large per centage of deaths is due to the sad accident, mentioned at the time in this journal, by which fourteen patients and an assistant nurse instantly lost their lives, and twenty-five were more or less injured, of whom two subsequently died. A coroner's verdict, by a jury of builders, attributed the unforeseen accident to the cutting away of the centre piers and chimneys in the basement to construct a heating apparatus, leaving the floors above insufficiently supported. The jury condemned in the strongest terms, the reckless manner in which these alterations were made in 1849.

Dr. S. W. Butler, the physician in charge, says: "I am still of opinion, that among the principal wants of this department, are means of giving the patients systematic employment, and facilities for out-door exercise. Something has been done toward effecting the first of these objects during the five years that I have been connected with the institution; but as yet only a beginning has been made."

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 19, 1865.

THE PRIMARY CAUSE OF THE GREAT MORTALITY IN OUR LARGE CITIES.

This is the season of maximum mortality in our large cities. This mortality reaches an enormous figure, and the waste of life and of time by the sickness represented by the mortality, are matters deserving of far more attention from the political economist than they receive. As a legitimate subject of inquiry in our columns, we will devote a brief space to it this week.

New York is the representative city of this continent; having the largest population, the largest commerce, and the largest mortality. For all purposes connected with a perfect sanitary system, there is scarcely a city in the world more favorably situated. With a healthy location and an ample supply of pure water with an enormous pressure, and almost unrivalled facilities for drainage, there is no valid excuse for the bad eminence it has attained on account of its heavy mortality. The population of New York seems to be a mooted question. The United States census of 1860 gave it a population of 814,277. But the bills of mortality were so enormous that the authorities were not satisfied, and set their wits to work to magnify the population, in order to bring down the proportionate mortality. Fortunately, they had a pliant tool in the person of the Registrar of Records and Statistics, and the manner in which he increased the population was something wonderful. It was certainly far from natural. It was very soon quoted at 900,000, and over a year ago it was estimated by the same astute gentleman at over a million. These revised editions of the census scarce sufficed to quiet the apprehensions of sensible citizens, and it was necessary for the redoubtable Registrar to issue a manifesto every few months, claiming that New York was healthier than at the same time the preceding year, nay, that it was the healthiest city on the planet. Of course, all this was proved by figures, but then the figures were founded on the pliant estimates of the tool of the authorities, who were at the bar of public opinion.

But how stands the case now? As bad luck would have it, a State census was called for this year, and its developments are so very different from the estimates on which the City Registrar has heen founding his statements that New York was the healthiest city in the world, that it is having a damaging effect on his bulletins. The Registrar's quod erat demonstrandums are upset just like a child's row of blocks, when the first is thrown out of the perpendicular line against its fellow. Despite a backwardness about giving the results of the census, the facts are gradually leaking out. It would seem that the population of New York city to-day scarcely reaches 800,000! Says the *New York Tribune:*

"Our city was divided by the Secretary of State into 439 Enumerator's Districts, whereof final returns have already been received from 370. These show an aggregate population of a fraction over six hundred thousand (601,021.) Should the remainder average the same as these, the total population of our city will be 713,117.

"It is highly probable, however, that the districts last to be returned, or the returns from which have been sent back for correction, will prove considerably more populous than the others, though the aid of the police was invoked to form the districts equal in population as nearly as might be. But, assuming that the 69 districts yet to be returned will average twice as many inhabitants as the 370 already returned, the total population of our city will be 825,213. We doubt that it will be found much to exceed 800,000, since the tendency of the time is toward diffusion over a wider space, by the aid of steamboats and railroads."

The mortality of last week was 652, of whom 418 *were children under five years of age.* With a population of over three millions, the mortality of London for the week ending July 31st, was 1414. If the mortality had been in the same ratio to population as that of New York, it would have revealed 2445!

The cause of this terrible mortality is a hackneyed theme. Filthy streets, crowded population in ill-ventilated and badly lighted apartments—unripe fruit, stale fruit fish meat and vegetables, adulterated and swill milk, and an inadequate supply of food, are notable apparent causes of mortality. But some of these causes, after all, have their origin in a more potent one, which brings all the others in its train. The real Pandora's box, the true source of these evils, is to be found in the drinking habits of society, and the vice and poverty which are their inevitable consequences. Intemperance impoverishes families, and compels them to herd together in tenement houses, in filthy courts and alleys, and in cellar habitations; it necessitates the purchase of cheap, unwholesome food, and an inadequate supply of that; it deprives the infant of proper nourishment; it engenders vicious and filthy hahibts so detrimental to health—it is the fons et origo of more than half our mortality.

Yet this Old Man of the Sea fastens himself upon the body politic, and there seems to be no possibility of shaking him off. Politicians control

our municipal affairs, and wilfully close their eyes to the enormous evils caused by the lever which serves to place and keep them in power. Taxation, crime, sickness, mortality, are known to be the legitimate offspring of the drinking usages of society, yet these are upheld by the politicians and the press. We may close our eyes if we will to these stern truths, but they are truths nevertheless. Close the grog-shops, let our laboring population become sober, and they will thrive and demand more commodious quarters, and more and better food, and as a consequence, misery, crime, sickness, mortality, will diminish, and gradually our municipal affairs will get into the hands of a better class of men, who will pay more attention to the sanitary condition of our cities and towns, and everything will conspire to lessen our bills of mortality, and bring our population nearer to its normal condition.

Notes and Comments.

Another Medical Journal in Canada.

We have received the first number of a monthly journal in the French language, to be issued in Montreal, Canada, Drs. Dajenais and Lemire being the editors. The salutatory is conceived in an excellent, hopeful spirit, with a lively sense of the responsibilities that rest upon the medical man; and the profession of Canada are earnestly invited to share with the editors the labors and responsibilities of their position, by contributing through the columns of the *Gazette Médicale*, to the common stock of medical knowledge. We trust that the hopes of the editors will be realized, though we must tell them that the history of medical journalism in Canada for the past fifteen years offers little to encourage them. The subscription price of the *Gazette Médicale* is $2 per annum.

Serious Accident to Surgeon W. H. Gobrecht, U. S. V.

The numerous friends of Dr. Gobrecht in this city will learn with regret, that he was badly injured some days ago, by being thrown from a horse. He had been transferred, says the *Cincinnati Lancet*, to the Post Hospital at Camp Dennison, after closing up the Officers' Hospital near that city; and on the morning of the accident was riding a spirited horse, which becoming unmanageable from some cause threw him, producing a terrible concussion of the brain and a fracture of the fibula on one side. He could not recognize any one for several days, but he is moderately convalescing, with every prospect of an entire recovery.

Commutations.

We would call the attention of readers to our list of commutations with other journals, which will be found in the Publisher's column, on the second page of coyer. Any subscriber to the Reporter, with a fair record, can, at any time, avail himself of this arrangement, by which he can supply himself with one or more medical or literary journals, in connection with the Reporter, at a considerably reduced cost.

A Wonderful Discovery.

Ths following item, cut from the New York *Daily Times*, shows how smart a "first class paper" can be sometimes! How much liver will the writer of the item have left after the tomato season is over? "Tomato pills, a substitute for calomel," once a very popular nostrum, have had their day, and tomatoes are too common an article of diet to revive them now.

"The tomato is one of the most powerful aperients of the liver known to our medical masters."

Progress of Intemperance.

The following sad record is, in itself, an earnest temperance speech, and should prove an effective one.

"The foundation stone of an institution for the 'safe accommodation and reformation of females in a respectable position in society addicted to habits of drunkenness,' was laid in Edinburgh, on the 17th of July, by the Lord Provost."

News and Miscellany.

Tribute to French Surgeons.

In a notice of Dr. Chenu's statistics of the Crimean War, in the *Army and Navy Journal*, occurs the following:

"Almost every page bears testimony to the heroism and devotion of the French surgeons to the welfare of the men under their charge. It is not ostentatiously put forward. Such brief entries as the following,

'—— ——, Military Surgeon, died of cholera.'—

catch the reader's attention on almost every page. In the space of three months 40 physicians died of typhus fever. During the whole campaign 82 out of 450 physicians died. Dr. Chenu states that the proportion of deaths among the medical staff was about one in seven; among officers of all grades the proportion was one in two hundred. In the Mexican expedition the proportion of deaths among the medical corps, compared with that of the officers, was five to one. In view of

these facts Dr. CHENU asks, whether the law of 1856, which allows the widow of an officer who falls in battle, or dies in consequence of wounds received while in active service, a pension equal to one-half the retiring pension of her husband, but which allows only a quarter to the widows of physicians and surgeons, should not be altered in favor of the latter class, whose services and whose exposure are not less than those of their comrades in active duty in the field."

Pension Examining Surgeons.

Pennsylvania.—DANIEL J. BROWN, Columbia; JAMES S. DUNN, Conneautville.

Ohio.—JOHN W. RODGERS, Springfield; N. H. HIXSON, Hillsborough.

Illinois.—WILLIAM C. BROWN, Genessee.

Connecticut.—H. L. W. BURRITT, Bridgeport.

A Pill for Panaceists.

"Mrs. GRUNDY" says: The Latin is a very comprehensive language indeed. There is one little word in it, for instance, that is in itself an epigram as well as epithet, for application to the whole tribe of disreputable medical mountebanks. The word to which we refer is—*Loquax.*

A BANTING MANIA, the *Vienna Med. Journal* tells us, is at present raging in Vienna. There is not at present a house in Vienna wherein some dweller cannot be found worshipping Banting.

Army and Navy News.

ARMY.

ASSIGNED.—Surgeon Joseph C. Bailey, U. S. Army, to assist Surgeon Charles Smart, U. S. Army, to duty with the Second U. S. artillery, which is ordered to California.

Assistant Surgeon W. F. Buchanan is hereby relieved from duty in the department of South Carolina, and ordered to the Department of Missouri.

Brevet Brigadier-General C. H. Crane, U. S. Army, is hereby assigned to duty as Acting Surgeon-General according to his brevet rank, during the absence of the Surgeon-General.

PROMOTIONS.—The following surgeons have been promoted by brevet:

Glover Perin, U. S. Army, lieutenant-colonel.
H. R. Wirtz, U. S. Army, lieutenant-colonel.
J. T. Ghiselin, U. S. Army, lieutenant-colonel.
Anthony Heger, U. S. Army, lieutenant-colonel.
R. S. Kenderdine, U. S. Vols., lieutenant-colonel.

The following assistant surgeons have been promoted by brevet:

Warren Webster, United States Army, major.
C. C. Gray, United States Army, major.
B. E. Fryer, United States Army, major.
H. S. Schell, United States Army, major.
C. K. Winne, United States Army, major.
C. A. McCall, United States Army, major.
W. A. Ramsey, United States Army, major.
C. R. Greenleaf, United States Army, major.
J. V. Middleton, United States Army, major.
J. H. Janeway, United States Army, major.
W. A. Bradley, United States Army, major.
G. P. Jaquett, United States Army, major.
W. E. Waters, United States Army, major.
G. L. Porter, United States Army, major.
J. W. Williams, United States Army, major.
V. B. Hubbard, United States Army, major.
S. H. Orton, United States Army, major.
John Brooks, United States Army, major.
J. Theo. Calhoun, United States Army, major.

MARRIED.

HILBEBURN—KING.—On the 5th inst., at Beverly, N. J., by the Rev. W. H. Munroe, Rector of St. Stephen's Church, Lieut. Samuel Hildeburn, United States Army, and Miss Nina A. R., daughter of Dr. H. W. King, of Portsmouth, Va.

MORGAN—SELLERS.—At Evergreen, near Pittsburgh, Pa., Tuesday, August 1st, by Rev. N. J. B. Morgan, Prof. J. Asbury Morgan, of Baltimore, and Susan F., daughter of the late Dr. H. D. Sellers.

DIED.

BAKER.—In Cincinnati, Ohio, on Sunday, July 30th, of disease of the lungs, Dr. A. H. Baker, in the 59th year of his age.

Dr. BAKER was known to the profession as prominently connected with the Cincinnati College of Medicine, and as editor for a time of the Cincinnati *Medical News.*

BALDWIN.—At New Brunswick, N. J., on Sunday, August 6th, Cornelia Rutgers, eldest daughter of Dr. Henry R. Baldwin and Elizabeth Rutgers, his wife, in the 9th year of her age.

BARROW.—On Saturday, August 5, at Jersey City, Eliza, widow of the late Dr. William Barrow, in the 79th year of her age.

BOLLES.—In New York, on Wednesday, August 9, Richard M. Bolles, M. D., in the 68th year of his age.

COLLINS.—Departed this life in New York, on Wednesday, July 26, Dr. G. F., eldest son of the late Dr. J. Collins, in his 58d year.

FRONEFIELD.—In this city, on the 6th inst., Charles Fronefield, M. D., aged 56.

GRAHAM.—In this city, on the 6th instant, Charles Lyons Graham, fourth son of Dr. Archibald H. Graham, aged 6 years, 4 months, and 12 days.

PIERSON.—On Sunday, August 6, at South Bergen, N. J., Charles E. Pierson, M. D., of New York, in the 78th year of his age.

THURSTON.—On Wednesday evening, Aug. 2, Surgeon A. Henry Thurston, U. S. Volunteers, aged 32 years.

WEIR.—At Bedford Springs, Pa., Aug. 5th, Laura, only child of Julia and the late Dr. John H. Wier, aged 12 years.

OBITUARY.

Albany County Medical Society and the late Dr. S. D. Willard.

We have been furnished with the following tribute to the memory of the late Dr. SYLVESTER D. WILLARD.

At a special meeting of the Albany County Medical Society, held in the City Hall, on Wednesday, April 5th, 1865, forty members being present, the President, Dr. P. P. STAATS in the chair.

On motion of Dr. WM. H. BAILEY, it was

Resolved, That the death of Dr. SYLVESTER D. WILLARD has deprived the Society of one whose professional ability, whose regard for the welfare of his patients, whose skillful and persistent efforts in their behalf, were such as to secure for him their abiding gratitude, and the high confidence of his brethren in the profession.

Resolved, That his relations to his medical associates, by reason of his fine social qualities, his contagious cheerfulness, his manly, gentlemanly bearing,

his deep interest in, and quick sympathy with all, have aided greatly to promote in them, not only a higher esteem for each other, but also a fuller estimate of the dignity of medical pursuits and their value to mankind.

Resolved, That his usefulness as a member and officer of the various Medical Societies, County, State, and National, in promoting a love of scientific research and discussion, and in endeavoring, by address and through the press, to induce men to cherish the memory and properly prize the services of the qualified and faithful physician, and perhaps, greater than all, his humane efforts for the amelioration of the condition of the insane poor, have reflected true and lasting honor on the profession of medicine.

Resolved, That our regard for Dr. Willard as a physician and a man, is more profound from the modest and unobtrusive, but firm and habitual manifestations of Christian principles, which shaped his actions and determined the objects, to the attainment of which he devoted his most earnest and highest experience.

Resolved, That the Secretary be requested to extend to his family the deep sympathy of this Society in their sad bereavement.

Resolved, That the Society will attend his funeral, and wear the usual badge of mourning.

Dr. Quackenbush said:

Mr. President—I should do injustice to my feelings should I, permit this occasion to pass by without offering my tribute of respect to the memory of our deceased companion, Dr. S. D. Willard. Though never his intimate associate, I always regarded him with feelings of sincere friendship, and saw in his character those traits which we all admire, and which belong to the truly good man. His life among us, though comparatively short, has been one of great labor and usefulness. Coming from New England—that home of industry—he brought with him those habits which peculiarly fitted him for the occupations in which he engaged, and the sphere in which he moved. Possessed, too, of high principles of honor and morality, which had been instilled into his mind in early youth, and which were the natural heir-looms of the family to which he belonged, he combined those elements whose union goes to constitute that character, which, in every rank and condition of life, demands confidence and respect.

His zeal in his profession and its kindred associations was ever clearly manifest; and his devotion to his friends and to those who required his services and his sympathy, was as true as it was beautiful. Unostentatious in his manners; quiet in his demeanor; patient and untiring in his labors; and scrupulously regardful of all the rules of professional etiquette, he maintained a character which was well worthy of imitation. I do not now design to attempt an analysis of that character, for I fear I would be incapable of doing justice to it, and the occasion will not authorize any extended remarks—but I would simply state, that the good elements were so happily blended in him that he was enabled to exert an influence, which, though like the evening dew unseen, was very potent and felt through the entire ranks of the medical profession of this State.

As Secretary of the N. Y. State Medical Society, he was pre-eminently useful, and when the records of this Association are fully written out, no name will occupy a more enviable position than that of Sylvester D. Willard. In the capacity of Secretary, he acquired an extensive medical acquaintance, and this acquaintanceship, in very many instances, ripened into warm friendship, and I know of no man in our profession who had more friends than he whose death we now deplore.

One of the last efforts of Dr. Willard, was his study of the condition of the insane poor of this State, and to it he devoted his best energies, and the lengthy and interesting report which he made to the Legislature during its recent session, does honor to his head and to his heart. Henceforth the condition of the life-weary and neglected maniac will be changed, and this amelioration in his condition will be the result of the care and thought and energy of him, who studied his wants and made his successful appeals to the proper authorities to have those wants supplied.

But his labors are now all completed, his toil is now ended, and his memory will live ever green in the hearts of those who were allied to him by the ties of kindred and affection, and ever bright in the regards of all who knew him.

The resolutions were adopted. The Society then adjourned to attend the funeral at Rev. Dr. Sprague's Church.

Peter P. Staats, *President.*

J. R. Boulware, *Secretary.*

ANSWERS TO CORRESPONDENTS.

Dr. C. B., Pittsburgh, Pa.—Double-bladed bistouri, sent by mail, August 8th.

Dr. A. R., Woonsocket, R. I.—Lindsay & Blakiston's Visiting List, sent by mail, August 7th.

Dr. F. J. S., Foglesville, Pa.—Pharyngeal Forceps, sent by mail, August 8th.

Dr. S. H. S., Unionville, Iowa.—Exploring Needle, sent by mail, August 8th.

Dr. H. C. A., Beamsville, C. W.—Pocket Prescription Book, sent by mail, August 4th.

Dr. W. H. H., Sing Sing, N. Y.—U. S. Dispensatory, Chambers' Renewal of Life, delivered Aug. 5th.

Dr. E. L. Jackson, Mich.—Virchow's Cellular Pathology, sent by mail, August 5th.

Dr. A. K. H., St. Clairsville, Ohio.—Morfitt on Chemical Manipulations, sent by mail, August 10th.

Dr. J. G. K., Reading, Pa.—Atropia sulphas, sent through B. & C., August 12th.

Dr. C. S. T., Georgetown, D. C.—Silk Elastic Knee Band, London Lancet for August, sent by mail, Aug. 12th.

METEOROLOGY.

August	7.	8,	9,	10,	11,	12,	13.
Wind	S.	N. W.	N. W.	W.	N. W.	W.	N. W.
Weather	Cl'dy. Ra in.	Clear.	Clear.	Clear,	Clear.	Clear.	Clear.
Depth Rain	4-10						
Thermometer.							
Minimum	69°	60°	65°	63°	65°	60°	56°
At 8 A. M.	78	73	70	76	74	70	67
At 12 M.	80	78	79	80	77	76	76
At 3 P. M.	80	79	79	78	74	76	77
Mean	76.75	72.50	73.25	74.25	72.50	70.50	66.50
Barometer.							
At 12 M.	29.9	30.1	30.1	30.	29.9	30.	30.1

Germantown, Pa. B. J. Leedom.

AMERICAN MEDICAL ASSOCIATION.

Members desiring copies of the Transactions for 1865, must forward their subscriptions ($3) immediately, as the number of copies published will be but slightly in excess of the number of subscriptions.

Wm. B. Atkinson,
Permanent Secretary,
215 Spruce street, Philadelphia.

Aug. 12, 1865.

THE

MEDICAL AND SURGICAL REPORTER.

No. 443.] PHILADELPHIA, AUGUST 26, 1865. [Vol. XIII.—No. 9.

Original Department.

Communications.

ON DISEASES OF THE INTERNAL EAR.*

By Laurence Turnbull, M.D.,

Aural Surgeon to Howard Hospital, Philadelphia.

(Continued from page 121.)

Nervous Hardness of Hearing.

c. Dysecoia Anœmica.

This anæmic form of nervous hardness of hearing comes on either with an otherwise normal condition of the circulatory system in an acute manner, and as the result of serious loss of blood, as after severe epistaxis, or more frequently after hemoptisis or bloodletting, or it comes on chronically with evidences of disease of the whole vascular system in the form of anæmia, with or without chlorosis, and accompanying disturbance of innervation.

The diagnosis is made tolerably easy by our having regard to the anæmasis and the general state of the system. The hearing does not present any peculiar symptoms, the humming is always present, speech is tolerably well understood, and the increase of the malady is progressive.

The acute form is oftenest seen in men, the constitutional or chronic form is found in women almost exclusively, and generally comes on with the commencement of puberty, resembling therefore the hysteric. In this chronic form we find later an anæmia of the entire organ; the ear cartilage is white, lifeless, with impeded venous circulation, the external meatus white, the cerumen wanting, the membrana tympani anæmic, and in a few cases otorrhœa.

The prognosis in the acute or local form is very favorable, in the chronic or constitutional form extremely unfavorable.

The acute case has already been described; in it the hardness of hearing occurred as the result of a severe epistaxis, and yielded to a tonic treatment. I saw another case in Eberfield in the year 1852, that of a phthisical patient who had become affected with anæmic hardness of hearing in consequence of a severe hemoptisis; and in Cologne, in 1854, a childless woman of about 30 years of age consulted me, who had been bled by a barber for headaches and palpitation of the heart sixteen times in eight years, notwithstanding her manifest chlorotic symptoms. A strong tonic treatment, iron baths, and internal use of tinct. ferri pomati and red wine, improved her general health, and at the same time her hardness of hearing.

In the chronic form of constitutional anæmia, all my therapeutical attempts have been without satisfactory results; and, generally, such cases can bear very little iron, for it seems to be too exciting.

I have frequently seen this form in females, and sometimes it appears hereditary in several sisters. It is of different grades, but always becomes worse. I have, however, arrested its progress, and I have also observed a lessening in the hearing distance both before and after the use of therapeutical agents, when for many years it had remained stationary. I obtained this benefit by a long-continued use of stimulating applications, alcoholic and ointments, to the neighborhood of the external ear, with the exception of the external meatus. These are the only cases in which the application of dry warmth is indicated.

d. Dysecoia Plethorica.

Finally, this form is the opposite of the preceding. Here also we distinguish a somewhat acute form, in which there is discovered a definite relation to the suppression of secretions to which the organism was accustomed, and a form which comes on chronically, in which there is a general plethora of the whole organism, an excessive production of blood. I will let facts speak in illustration of these observations.

I became acquainted with an officer, and subsequently in Berlin, with a schoolmaster, who had a diminished conduction of the bones of the head, and yet a tolerably great hearing distance for the watch, who, however, complained of humming and loss of hearing, but whose hearing improved on both sides on the occurrence of

* From Erhard.—Rationelle Otiatrik nach klinischen Beobachtungen bearbeitet. Erlangen, 1839.

diaphoresis, for then, all at once, they heard the cylinder-watch from the bones of the head. How can this be explained, except on the supposition of a congestion of the nervous tunic, caused by insufficient perspiration?

An official of this place, who consulted me, had complained for some time of humming in the ear and loss of hearing, with diminished conduction by the bones of the head, and also of a rush of blood to the head and slight palpitation of the heart on the least exertion.

At first I considered it a case of ordinary hyperæmia catarrhalis, but my treatment produced no result. I afterward, however, discovered that the patient had suffered some years previously from bleeding piles, which had ceased for some time. I then directed my treatment to their re-establishment, by recommending active exercise, light diet, succulent fruit, and the use of flowers of sulphur. In three months the patient felt his head freer, the heats and the rush of blood to the head, and the palpitations disappeared, and in place appeared pains in the loins and indications of bleeding hemorrhoids, and the power of hearing watches improved, the humming diminished, and bony conduction increased.

Likewise, in this connection, must be mentioned the case of a robust but bloated landed proprietor, whose hearing steadily improved after bloodletting, and in whom the cause of the malady was a plethoric condition of the system.

If, now, through the long continuance of a reflex hyperæmia of this kind, it becomes converted into a purely local affection, so that even the removal of the primary affection (the return of the normal secretions and excretions) produces no amelioration in the affection of the ear, I have then ordered, as having the best chance of success, counter-irritation and derivation to the nape of the neck, as has been already described, and the rubbing in of digitalis ointment. Chance sometimes unexpectedly produces improvement, when rational therapeutics seem insufficient. I must also mention that among other things a sudden suppression of customary epistaxis is also the ground of such local plethora of the organ of hearing.

We come now to the last species of peripheric nervous deafness, which is distinguished negatively from all the preceding, in that, in it there is an absence of any rational starting point or hypothesis.

e. Dynamical Nervous Deafness.

Suppose we are consulted by some one for hardness of hearing, the condition of his general health and vital functions being in an enviably normal state, who has never complained of pains in the ear, or in the neighborhood of it, nor of humming, and could discover no appreciable cause for his hardness of hearing. A physical exploration shows a loss of bony conduction and a corresponding lessened hearing distance for watches, increasing with the malady. The hardness of hearing is continually increasing, and is not influenced by any treatment. Speech is also understood at the hearing-distance for watches, for all the functions necessary for understanding speech are in a sound state. Neither is the sound of the voice changed. The, in other cases, deficient cerumen is in normal quantity and quality, the meatus normal, the membrana tympani thin, transparent, and impressible, and the Valsalvan examinations easily, and with evident motion of the membrana tympani, accomplishable.

What else can such symptoms indicate but an increasing anæasthesia of the peripheric nervous filaments in the nervous tunic, with complete integrity of its capillary system? A case, therefore, of true nervous deafness, or even an atrophy or a fatty metamorphosis of the nerve-terminations. This gradual death of the auditory, unfortunately in general, occurs on both sides; in 1100 cases of diseases of the ear I observed it only 54 times, making about 5 per cent., of which there were only 7 cases in which only one side was affected.

The prognosis is extremely unfavorable; I have never obtained even temporary benefit from any therapeutical means whatsoever, whether spirituous rubbings into the neighborhood of the ear, or stimulating inhalations into the tympanum, or general treatment by several methods; nor have I ever seen a spontaneous amelioration. The only consolation that the patient has, is that he is not troubled with humming.

In order to do something, we may try anything that will not injure the general health; but the organ of hearing must be let alone. It is possible that a galvanic current might do good.

Whilst I have seen many cases in which there appeared a connection between peripheric nervous hardness of hearing and other organs, and in which the hardness of hearing improved with the disappearance of the primary affection, I have never yet seen such a course of events in the various forms of acoustic deafness.

Induration of the tympanic membrana frequently attacks anæmic individuals, but the anæmia in these cases has no connection with it. We find in scrofulous and cachectic individuals very frequent chronic catarrhs of the external meatus and the membrana tympani, but the best possible general treatment of the scrofulous and

cachectic condition avails nothing without special local treatment. This is the difference between acoustic and nervous deafness in their therapeutic relations.

Excessive Sensitiveness of the Auditory Nerve.

Sometimes we observe, not only in hard-of-hearing people, but also in normal-hearing people, an excessive sensitiveness, so that violent sounds, especially when the individual is taken unawares by them, give cause to reflex-sensations and motions of various kinds. We most frequently find this in hysteric-nervous subjects, as has already been stated, and also in women after delivery, after sudden loss of blood, in broken-down nervous systems, and in convalescents, and finally, in nervous fever, typhus, etc.

As regards the treatment, we must first discover whether the symptoms may be caused by the presence of some foreign body in the meatus, and if not, then we must seek if there can be discovered some portion of the organism from which reflex disturbance may proceed, and then, if we do, we may institute the appropriate therapeutic treatment. In the case of congestion of the organ, we should practice local bloodletting, in all other cases, we should conduct the treatment on general principles, and a strengthening regimen is generally advisable.

With the acuteness of hearing which ensues after paralysis of the stapedius muscle, this hyperæsis has nothing in common, and is distinguished from it by the fact that it always affects both ears, whilst the former, on the contrary, only affects one ear, and is accompanied also with paralysis of the facial nerve.

2. Basilar Nervous Deafness.

I have fully described the internal connection of the meninges with the auditory nerve in its course along the base of the brain, and have given my anatomico-pathological conjectures thereon.

The characteristic of basilar nervous deafness is the accompaniment of symptoms which indicate the existence of a morbid action in the meninges, or, at least, to their preceding existence.

I distinguish three conditions: chronic hyperæmia, acute inflammation with exudation, and hemorrhage.

Hardness of hearing and humming, and, to a certain extent, deafness, come on in congestion of the meninges, as is seen in typhus, for bony conduction is abolished in this hardness of hearing, which generally spontaneously disappears with the disappearance of the congestion, but sometimes, probably owing to the formation of adhesions, remains. The facial is less affected hereby, inasmuch as it is almost entirely covered by the auditory nerve, on whose upper margin it runs like a groove.

In addition to cases of typhus, several other cases have come under my notice, in which hardness of hearing was produced by chronic inflammation or congestion of the meninges: in the first case, the patient complained of pains in the head; in the last, less of pain than of a feeling of dulness, uneasiness, oppression, and general malaise and weight in the head. An antiphlogistic treatment alleviated simultaneously these symptoms, and the hardness of hearing and humming.

Example.

A hotel keeper of this place, of 53 years of age, had gradually lost his hearing thirteen years before, experiencing humming at the same time, and six weeks before had had a slight epileptic attack, which caused a rapid deprivation (of hearing.) Owing to his plethoric constitution, I considered venesection as indicated, and after it, his head was freer and his hearing better. Eight days afterward I applied eight cups to the nape of the neck, which caused still further improvement, and after that, he took for a long time, and with good results, nitrate of potass. and sulphate of magnesia.

A country-woman of 46 years of age, was brought to me, whose features and bloated figure indicated a much greater age. She had been acoustically hard of hearing from childhood, owing to a chronic catarrh of the membrane of the tympanic cavity on both sides, but she had, in the last few years experienced a considerable increase of the hardness of hearing, with accompanying dizziness, weight in the head and in the limbs.

The diagnosis showed complete interruption of the bony conduction, and, according to my conviction, congestion of the meninges. I ordered, at first, to each ear four leeches, with a strong after-bleeding, (*i. e.*, of the leech-bites,) and the good results were immediately manifested, for the patient felt lighter, her motionless features became animated, and the humming disappeared; thereupon eight cups were ordered to the nape, and this was repeated three times, at an interval of eight days, each time to the advantage of the patient. I afterward discontinued the blood-takings, and retained the acquired improvement by the application, for a long period, of empl. canth. comp. to the nape.

Basilar nervous hardness of hearing which comes on after an acute inflammation of the meninges, with formation of exudation, should not cause any difficulty in diagnosis, for the violent

pain joined to the symptoms of meningitis, and the tolerably swift commencement of a considerable impairment of the hearing, are sufficiently characteristic. Besides this, the facial nerve is very seldom paralyzed in these cases, as the exudation, according to the laws of gravity, falls down, and acts therefore only on the auditory nerve, and not on the facial, which is concealed in its superior portion. We see, however, a simultaneous paralysis of the auditory and facial after the meningitis of scarlatina, which undoubtedly have their origin from this cause.

If our assistance is not obtained till later in the case, when the exudation has become, as it were, a substantial part of the organism, we could not then obtain much good from any treatment, owing to the unattainability of the exudation.

On the contrary, we sometimes find in medical journals, especially in French, clinical cases described of simultaneous occurrence of one-sided paralysis of the auditory and facial, and their therapeutical cure. But if we read attentively the description of their commencement, we find that both commenced abruptly, without pain, after a severe cold, which is a sufficient ground for considering the cause to be a hemorrhage or extravasation, and not to have its seat in the aqueduct, since there all communication with the auditory nerve ceases. The hemorrhage can only exist at the point where the two nerves run, not opposite to, but, alongside of each other, and especially at the point in this course where the meninges are most rich in blood. This is at the point of exit of the two nerves from the pons variolii, for, just there an appendix of the meninges goes off through the small fissure of the brain to the fourth ventricle, and covers it, (plexus choroideus of the fourth ventricle.) This is the spot at which hemorrhage is most likely to occur.

CITRIC ACID IN PHOSPHATIC GRAVEL.

By Flint L. Keyes, M.D.,

Of Jerseyville, Canada West.

Mrs. M. R., aged 30, of Brantford, called at my office on the 21st of May, 1850. Stated that she had been afflicted for three years past with gravel; for the last few months had been much worse; the pains had been more severe in the back, also along the course of the left ureter; partial incontinence of urine. She compared her pains to those of labor. On voiding her urine, large quaintities of blood was expelled with it. At each attack was confined to her bed for several days. She produced seven or eight scales of phosphatic gravel of various sizes, thin, flat, and irregular in shape; edges rough, some points sharp, wounding the ureter in their passage, causing profuse hemorrhage. Two or three of the largest pieces measured four lines in width, and five, to five and a half lines in length. Was attended most of this time by her family physician; latterly, had made excursions to neighboring towns and cities, to obtain other medical advice, to no effect. The attacks varied from two, to three, and four weeks; during the intervals, was quite weak from loss of blood and pain endured at these paroxysms. Had taken considerable medicine; could not give any satisfactory account of the medicine prescribed by her medical advisers.

From the character of the gravel which was produced by this lady, it was quite evident that an acid treatment would be the only treatment to be relied upon for any benefit, either temporary or lasting. Not knowing what medicines had been used, only that they had signally failed to fulfil their intention, I concluded to give citric acid a trial, although all vegetable acids are condemned by various medical writers in phosphatic concretion, etc., from the fact of their being decomposed in the system, forming carbonic acid, thus tending to increase the mischief. This undoubtedly is true of most vegetable acids.

℞. Acidi citrici, ℥v.
Decoct. cort. aurant., f℥viij. M. ft. solutio.

Cujus ægra unum cochleare magnum ter in die sumanter.

25th. Voided two or three small scales; pain and hemorrhage less than on previous occasions. Medicine to be continued.

30th. No scales discharged since the last call; discovered sandy deposit in the urine after standing. Medicine to be continued.

The sandy deposits gradually disappeared. Medicine was continued for six weeks, although she declared herself quite well, and free from all phosphatic deposit, for days previous to this.

I saw my patient five years afterward, and she stated, that up to that time she had not had the least return of the complaint.

Two things are worthy of notice: *First*, that the disease was suddenly checked by a medicine from which nothing could reasonably be expected, according to the books, except to aggravate the complaint. *Second*, the phosphatic diathesis was completely overcome without resorting to other means. I have not since been favored with a similar case, and cannot therefore determine the peculiar action of the medicine, nor the value to be placed upon it as a therapeutic agent in alkaline concretions in the urinary organs. I should

like to have other medical gentlemen's opinion on the subject, after trial of the medicine.

Hospital Reports.

PENNSYLVANIA HOSPITAL,
Aug., 1865.

SURGICAL CLINIC BY DR. T. G. MORTON.

Reported by C. R. Morgan.

Carbuncle.

— —, æt. 60. This patient (a female) has a carbuncle situated on the lower lip; rather an unusual place. It produces a terrible deformity, and is extremely painful. The lip is enormously swollen, and of a dark livid hue; the inner surface ulcerated in many places; through which a probe can be passed down deeply into the cellular tissue. The lip is constricted below, as if a string had encircled the base. In this case the entire lower lip is involved. The patient's general condition is below par, and she requires stimulants; iron and quinine. The local treatment consists in free deep incisions, from one angle of the mouth to the other; to be made on the uncovered surface, in order to have the parts free from unsightly cicatrices. There is a considerable amount of hemorrhage following this division, which will give great relief. To the parts will be applied warm water dressings, to favor the separation of the slough.

Progress of the Case. This woman was before you a week ago with carbunculous inflammation of the lower lip, which I freely opened; the hemorrhage, which was considerable at the time of the operation, gave her great relief. The swelling rapidly subsided, and the slough separated in seventy-two hours, leaving a healthy granulating base, and the condition of the parts to-day present almost a natural appearance. The application of a weak solution of nitrate of silver, and a light compress, held to the lip by a strip of adhesive plaster, will promote absorption of thickened tissues, and hasten the cure.

Compound Fracture of the Skull.

— —, æt. 22. This man was admitted Aug. 9th. He attempted suicide by discharging a pistol loaded with shot,—the muzzle being held closely against and immediately over the frontal sinus. When brought into the hospital an extensive lacerated wound was found over the frontal bone, of the size of a silver dollar; both walls of the sinus were fractured and comminuted, and the parts drawn downward, but no wound of the dura mater could be discovered. The trephine was applied, and all the loose and depressed portion removed; the longitudinal sinus was also observed to be uninjured. By closing the nose and mouth, and directing the boy to blow, the air was forcibly thrown through the fractured portion, showing the communication with the nose to be very free. The patient complains of no pain. There was an absence of all symptoms indicative of such an injury. A low diet was ordered, of barley water and milk, and a wet piece of lint applied to the forehead. To-day his general condition is good; pulse 60; no heated skin; faculties perfect, and rests well. We shall continue the same low diet as first ordered, and the wet application to the head. The damages in the case arise from the exposure and bruising of the dura mater. Sloughing will take place; following this a protrusion of the brain-substance known as hernia cerebri, which is almost certainly fatal; or else inflammation, with abscess of the brain, will set in, adjacent to the seat of fracture.

Progress of Case. August 16th. I show you this morning the poor boy with compound fracture of the skull. Since our last meeting the dura mater sloughed, as I anticipated, and we have a fungus of the brain sprouting through the wound of the skull. The amount of brain-substance discharged is almost incredible; more than a teacupfull daily. The large mass you see is the brain, which has been extruded in spite of our compress, and is in a sloughing putrid condition. The arteries of the dura mater and brain have also ulcerated, and continue from time to time to bleed very freely, which is rapidly exhausting him. His mind is wandering, pulse weak, and skin clammy. He has been taking stimulants and beef essence. The prognosis is of course very unfavorable, and he will not probably linger more than two or three days.

JEFFERSON MEDICAL COLLEGE,
May 24th, 1865.

SURGICAL CLINIC BY PROF. GROSS.

Reported by William T. Bullock, M. D., of Rhode Island.

Foreign Body in the Nose.

June 28th. Elizabeth S., four years of age. This child pushed a pellet of paper into the nose three months ago. She has an offensive, sometimes bloody, discharge from the nose. Upon looking into the right nostril the foreign body may be seen.

The body is seized by the hooked extremity of the instrument, devised by Dr. Gross, for removing foreign bodies from the ear, and quickly drawn from the nostril.

The usual situation of foreign substances in the nose, is at the anterior part of the nostril, between the septum and the turbinated bone; but in the attempt to remove them, with improper instruments, they are frequently forced further back, rendering their extraction difficult.

Staphyloma.

Elias H., eight years of age. The right eye is larger than its fellow, projecting from its socket. The cornea is thickened and opaque, and projects beyond the sclerotica, while the sclerotic coat itself is attenuated, so as to be almost transparent. The eye being transfixed by a tenaculum, the anterior third is removed by the scissors. Much watery matter escapes upon cutting into the eye. The iris is found to be attached to the posterior surface of the cornea, and the internal structure of the eye disorganized.

The eye is closed by strips of isinglass plaster, and one-fourth of a grain of sulphate of morphia given to the patient. He should take a mild purgative, and in a few days be put upon the use of tinct. ferri chlor., as he is pale, and evidently in a debilitated condition.

Tertiary Syphilis.

R. E., Thirty-seven years of age. This patient has suffered from a sore throat, for more than a year. Upon looking at the parts, a large cavity is seen in the roof of the mouth, and soft palate, through which dead bone has been discharged. He has a node upon the occipital bone; scars, showing the former existence of ulcers over the tibia, and there is tumefaction of the cheek, with an offensive discharge from the nose. All these symptoms are evidences of syphilis. The man says he had a chancre upon the glans penis, followed by a bubo, of both groins, twelve years ago. Tertiary syphilis usually makes its appearance from six to eighteen months after the contraction of the disease, but may occur earlier, and frequently is delayed to a much later period, thirty years or more elapsing. It most frequently attacks fibrous and osseous systems, but may affect the heart, lungs, liver, or spleen; in fact there is hardly an organ or tissue which is not liable to its ravages. Since Ricord proposed the use of iodide of potassium, much success has been attained in the treatment of this disease. Iodide of potassium is not a specific in the true sense of the word, for it does not effectually neutralize the poison, hence it is necessary to combine with it some form of mercury; the best of which is the bichloride, it being the most innocent in its effects upon the system. The bichloride may be given in doses varying from 1-20th to the 8th of a grain, three times a day, for weeks, or months, without producing any injurious effects.

It is seldom necessary to administer more than eight or ten grains of the iodide of potassium at a dose.

Iodide of sodium answers the purpose equally well, and may be given in doses of six or eight grains, three times a day. It is least liable to disturb the stomach when taken from half to three-quarters of an hour after eating. There is one important indication to be observed in the use of these remedies. If the patient is worn out, and the system in a dilapidated condition, from long suffering, it is necessary first to build up the general health.

℞. Potass. iodidi, ʒiij.
Hydrarg. chlor. corrosiv., gr. iv.
Aquæ, f.ʒiv. M.

Take a teaspoonful three times a day.

The man should also take a glass of milk punch three times a day, live upon a nutritious diet, take moderate exercise, and bathe frequently.

Anchylosis of the Knee-Joint.

Chas. K., three years of age. This is a case of strumous disease of the lower extremity of the femur, followed by partial anchylosis of the knee-joint.

The child being put under the influence of chloroform, the limb is forcibly, but slowly extended, and then placed in an appropriate apparatus for keeping it in its proper position.

Curvature of the Spine.

Emma B., twelve years of age. This is a case of lateral curvature of the spinal column, the result of the softening of the vertebræ, or intervertebral substance.

The child is left-handed, but the spinal column is curved to the right, and has also a slight posterior curvature, differing from the curvature of Pott's disease, in being less abrupt.

The child has a good muscular development, and has the mammary glands singularly large for one of her age, who has never menstruated; the breasts as large as those of a girl of eighteen or twenty. A case of this kind is to be treated by hygienic means, and by the use of an apparatus for supporting the shoulders, and for making counter-pressure upon the curvature.

Partial Anchylosis of the Knee-Joint.

Ambrosia G., six years of age. This patient has suffered from synovitis of the knee-joint, a scrofulous affection, similar to coxalgia in its nature; not always commencing in the synovial membrane, but sometimes in the cartilage or bone itself. The disease in this case has been followed

by contraction of the flexor muscles of the leg, there being also a tendency in the limb to turn outward. The patient being under the influence of chloroform, the limb is forcibly extended, and placed in an appropriate apparatus.

Inverted Toe-nail.

July 5th. John O., twenty years of age, has had two operations performed for the relief of an inverted nail of the great toe, but is still suffering from it. A stout sharp scalpel is carried along the nail on a line with the incurvated edge, the incision being commenced sufficiently far back to divide the matrix. The portion of the nail, including its matrix, is then dissected off. Keep the parts wet with a solution of sugar of lead and opium.

Deformity of the Second Toe.

Thos. B., twenty-two years of age. The second toe of the right foot has a peculiar claw-like appearance, owing to too great tension of the extensor tendon.

The extensor tendon is divided subcutaneously, and the toe secured in its proper position by adhesive strips.

Cystic Tumor of the Neck.

Mrs F., twenty-eight years of age. This woman has a tumor occupying nearly the whole length of the neck, but situated a little more on the right than on the left side.

The tumor rises and falls during the act of swallowing, being evidently connected with the thyroid gland, which is itself somewhat enlarged.

The tumor fluctuates under pressure. Upon introducing an exploring needle there is an escape of a thin transparent fluid, of a light-yellow color. When the weather is more favorable, it may be necessary to perform an operation for the relief of this woman. In the mean time, try the effects of an application consisting of one part of the tincture of iodine, and three parts of alcohol.

Tertiary Syphilis.

Thos. F., three years of age. This child has several ulcers at the lower part of the leg. The limb at this point is much swollen and discolored. The ankle-joint is involved in the disease.

℞. Sodæ iodidi, ℥ss.
Hydrarg. chlor. corrosiv., gr. iss.
Aquæ, f.℥iv. M.

Take a teaspoonful three times a day, about an hour after eating.

Gunshot Wound of the Humerus.

F. M., twenty-three years of age, was wounded thirteen months ago, by a musket ball, which passed through the upper part of the arm, injuring the os humeri.

A portion of the bone, about three inches and a half in length, was resected, the line of incision being made in a vertical direction. The wound made by the knife has healed, but there are four openings in the arm which discharge pus. A probe introduced through the openings comes in contact with dead bone.

The opening in front is enlarged with a scalpel, and a piece of dead bone, an inch in length, is removed with the forceps. A bone chisel is introduced successively into each of the other sinuses, and the bone carefully scraped. The imperfectly organized tissues of the orifices are then cut away with a scalpel, and the parts carefully syringed with water.

Erysipelas of the Face.

Louisa D. It will be remembered that this patient was operated upon for the removal of a sebacious tumor of the scalp, on the 5th day of last April. Since yesterday she has been suffering from an attack of erysipelas. The right ear and side of the face are swollen, tender under pressure, the seat of a burning sensation, and present the characteristic blush of the disease. She is troubled by a headache, dizziness, and buzzing in the *left* ear. Her tongue is coated and pointed. While sitting in her chair she becomes faint, the color leaves her face, and the erysipelatous blush disappears.

℞. Pil. hydrarg., gr. xv.
Pulv. jalap,
Pulv. aloes, āā gr. vijss.
Pulv. ipecac., gr. iij. M.

Divide into three pills. Take one pill every other night.

℞. Tinct. ferri chlor., f.℥j.
Quiniæ sulph., gr. xx. M.

Take twenty drops three times a day.

Her food must be of a nutritious character, and she should use a moderate quantity of alcoholic stimulants. Apply the tincture of iodine, diluted with two parts of alcohol, to the affected parts.

Paralysis of the Bladder.

An out patient, an old woman, under the care of Dr. Rose, at the Kidderminster Infirmary, says the *Lancet*, was lately under treatment here with hemiplegia and paralysis of the bladder, requiring the use of the catheter. Tincture of perchloride of iron combined with *small* doses of tincture of cantharides and chloric ether was given. In this case the patient recovered the power over the bladder, proving the great efficacy of the prechloride as a stimulant of the nervous system.

Editorial Department.

Periscope.

Syphilization.

It is almost impossible to now pick up one of our foreign exchanges without finding something in it upon this topic. Our readers are perhaps aware that Prof. Boeck, of Copenhagen, is now in England by invitation, to explain the above procedure which has, according to the Scandinavian Journals, revolutionized there the treatment of Syphilis. The following article from the *Medical Times*, is the best *resumè* of the process we have seen, and we present it entire for our readers.

Mr. Henry Lee introduced to the notice of the Royal Medical and Chirurgical Society of London a patient who had been sent from this country, and who was supposed to have been cured in Norway by Syphilization, under the care of Professor Boeck. Mr. Lee stated that the patient was shown in order that the Fellows might have an opportunity of judging for themselves of the nature of the case, and of the effects of the treatment pursued. He (Mr. Lee) wished to be excused from giving any opinion upon either of these points upon the present occasion. Professor Boeck had honored him by becoming his guest during his present short stay in this country, and he merely wished, as Dr. Boeck was unavoidably absent, to present the patient to the Society in Dr. Boeck's name. He (Mr. Lee) might, however, briefly state the principles upon which Professor Boeck professed to act, and some of the physiological results at which he had arrived. Professor Boeck believes that there are two kinds of infecting sores, one of which appears as a soft chancre, and subsequently becomes indurated. This sore has no period of incubation, and is auto-inoculable. The other infecting sore has a period of incubation from two to four weeks, is not generally auto-inoculable, and secretes only thinnish pus or a serous fluid. It was with this last named secretion that Professor Boeck, as Mr. Lee understood, carried on his process. But inasmuch as naturally the chancre last named produced no inoculable pus, before the process can be commenced an inoculable secretion must be established. This is effected by constantly applying some savine powder to the surface of the sore until an inoculable secretion is produced. This mode of artificially producing an inoculable secretion was based upon an original experiment of his (Mr. Lee's) own, in which he used savine ointment for the same purpose. Having obtained an inoculable secretion from an indurated and naturally non-inoculable sore, Professor Boeck proceeds to make three punctures on the sides of his patient. At the expiration of three days, these points in their turn yield a puriform auto-inoculable secretion. This fresh secretion is then, in like manner, inoculated, and three fresh pustules are produced. In this way the inoculations are continued every third day, the inoculated matter being always taken from the last formed pustules. It is found that the inoculations continually produce less and less effect, until at last no result follows. In this way a series of some twenty or twenty-five inoculations may be performed with the secretion of a naturally non-auto-inoculable indurated sore. Now, supposing that a series of twenty such inoculations had been performed, the inoculations first made would be sixty days old, and the tenth inoculations in the series would be thirty days old. If, at this time when, in the direct descent, no further effect can be produced with the inoculations last made, some of the secretion be taken from the tenth set of inoculations (thirty days old), that will be found to be inoculable again; and, curiously enough, the series of inoculations from that set may be continued for the same, or very nearly the same, number of times as those previously made from the same source: that is to say—if the total number of the first series of inoculations were twenty, then, if the secretion were taken from the tenth set (then thirty days old), ten more inoculations, and no more, may be produced from this source, so that the number of inoculations in the direct descent and those by collateral branches is in all cases nearly the same. When the life of this germ has been exhausted, some fresh matter is taken from another source, and the process recommenced. Fresh parts of the body—as the thighs—are then taken, and the process repeated until no further inoculations with this kind of matter can be produced upon any part of the patient's body. Immunity from inoculation from this kind of matter, from whatever source derived, has then been arrived at, and the patient is said to be "syphilized." It is found in performing these inoculations, that when a particular series has come to an end—at the expiration, we will say, of the twentieth set of inoculations—in a patient, A, and the same has occurred at the same time in another patient, B, that the sores which are still suppurating in A may, nevertheless, be inoculated on B, and B's sores, which would no longer produce any effect on himself, may nevertheless be inoculated on A. The two series of inoculations, which have come to a natural termination on the patients themselves, may thus be crossed so as to continue. The seed, which will no longer grow in the soil in which it has been so often sown, will, nevertheless, take root in other ground, and, after it has continued there for a certain time, may be re-transferred to its original bed. Thus, in the case supposed, A's first series of inoculations will continue for sixty days, and B's series will continue for the like period. If, then, some matter from one of A's suppurating sores (say, from fifteen set) be inoculated upon B, they will take, and this collateral series may then be continued; and if, in like manner, the secretions from B's fifteenth set be inoculated upon A, the inoculations will take, and the series may be continued. After an interval, the secretions from these collateral series may again be re-transferred to A and B respectively. When a patient has been in this way syphilized so that no further inoculations can be produced from matter derived originally from an indurated chancre, Professor Boeck considers that

he is proof against any fresh infection, and that he is cured of that which he previously had.

After these observations, the patient was, with the permission of the President, introduced to the Society, and the Fellows had an opportunity of investigating his case for themselves. On examining the patient, a small cicatrix appeared on the frænum; this was depressed. On the chest and thighs were a large number of cicatrices, some of them of considerable size, depressed, and showing that there had been evident loss of substance. Very extensive destruction had taken place at the back of the throat, extending forward through the entire length of the soft palate. The nose was depressed upon the right side, showing that there had been loss of substance either in the bone or cartilage in this situation. The upper lobe of the right lung was found to be, in part, consolidated. On the left leg was a circular cicatrix, in the course of the internal saphena vein, the remains of an issue which had been made to cure a chronic ulcer. The history which he gave was, that the ulcer on the frænum, the cicatrix of which was left, appeared in 1855; it remained open six weeks; it was very painful, and bled; it left no hardness. There was some swelling in the groin at the time, and this was treated by the external application of the nitrate of silver. The sore on the frænum appeared some six weeks or two months after he supposed he had exposed himself to contagion. About twelve months after this sore he had severe ulceration of the throat; this got better and worse several times. There was at this period some loss of hair. He never had any eruption on the body, and had never tasted mercury. He was 33 years of age, with a large pupil; "all the family were weak in the chest." Had had ten brothers and sisters, all of whom had died of consumption. The patient, who wore a false palate, expressed himself in the strongest terms as being most grateful to Professor Boeck for having cured him of his disease.

Syncope—Asphyxia—Poisoning.

In the *Dublin Med. Press* Dr. Brown Sequard publishes a lecture on the brain and nervous system, from which we condense some of the closing remarks, eminently interesting and practical:

In cases of syncope—not death, but those conditions which are on the verge of death, and which lead to death, if nothing is done to relieve them—there are very frequently means of restoring life. In animals, very frequently, though the heart is quite stopped, we can by simply pressing on the sternum, and by giving a hard push to the heart, make it beat. It will not beat long if the cause of the syncope is a powerful one; but beat it will, and if the cause of irritation is continued, it will continue to beat, and in that way the patient may be often revived. This is not all. If there is added another most powerful cause of revival, and which is directly the reverse of what John Hunter did upon himself, when he found he was in a state of syncope one day at College,—if instead of breathing as quickly as possible, the patient's breathing is stopped altogether, just as if we were trying to kill him by suffocation, we revive him by producing a state of asphyxia, the patient is saved, he will have a struggle, and will come out of it very quickly. Nothing is more powerful to make the heart beat than an accumulation of carbonic acid in the blood. There are other features about syncope of great importance. If there is little blood circulating, you may in a moment throw something like one or even two pounds of blood into the heart by simply pressing on the four main arteries of the body. If you press those four arteries you prevent circulation going on in them, and at once an immense quantity of blood returns from the venous system to the trunk, and there is an immediate revival.

In regard to *asphyxia*, experiments show clearly that of two animals, one of them with its temperature much diminished, the other at a normal temperature, both dipped into water at the same time, the one having its temperature very low will survive the other twice, three times, and sometimes even five times; the duration of life under water being extended sometimes to twelve or fifteen minutes. *The greater the previous diminution of temperature the longer the duration of life.* There is another fact which is a very interesting one. It is well known that persons who have fallen into very cold water have in many cases been drawn out and revived after a number of minutes' immersion. Now, in experiments performed upon animals by applying galvanism to the part, so as to stop the heart's action, which is just the effect a fall into water will produce, we find life will last much longer, the animal will be able to survive a much longer stoppage of the heart's action from having had an attack of syncope just before the asphyxia. This case, then, is exactly the reverse of the former. In one, syncope was cured by asphyxia, in the other asphyxia is less mortal, because syncope previously existed.

In cases of death by asphyxia, if the temperature is low, there is one fact very similar to what we see in cases of sudden emotion producing arrest of the heart's action when the individual falls into cold water, and that is, that in the two cases—diminution of temperature, or dipping into water—the heart beats very much slower. Any patient attacked with asphyxia, whose temperature is much diminished, has a slow beating of the heart, and whose blood is red, is not exactly an asphyxiated patient; there is a mixture of syncope and asphyxia, and the patient has much more chance to recover. If you try to raise the temperature of such a patient, you run the risk of killing him.

Poisoning is often the cause of death by producing such diminution of temperature as is incompatible with life. Take, for instance, two animals which have been poisoned with the same quantity of opium. Supposing the temperature to be cold in the room, lay them both on a table, one covered carefully with warm clothes, the other exposed to the cold, you find, *cæteris paribus*, that the one which is kept warm will survive, while the other will die. This fact we find with almost every poison of an organic nature, that there is considerable diminution of temperature produced, if not *per se* sufficient to cause death, enough, at any rate, to add a powerful

cause to the other causes existing. This diminution of temperature is a feature which we can fight against, and it is therefore of the utmost importance in cases of poisoning to use every means to keep up the temperature of the body.

L.

The (so-called) Siberian Plague.

Dr. Berkleff, on his return from St. Petersburg, at a late meeting of the Medical Society of Vienna, gave an account of the "Siberian Plague." The disease so-called, says the *British Med. Jour.*, has, it appears, nothing to do with Siberia. It has been observed in the districts of Novogorod, Petersburg, Twer, etc.; and its origin is thus accounted for. More than one hundred thousand horses and oxen are employed in canal work throughout this marshy country; they are ill fed, and kept in harness eighteen hours a day. Under such conditions, the animals perish by thousands; and, by order of the Government, all such as die of the pustular fever (*Milzbrand*) are to be buried. But usually the skin is sold, and the flesh of the diseased oxen eaten. Of more than three hundred thousand animals which died during the past year, not more than ten thousand were buried. The men engaged in skinning the animals, and even in preparing the skins, have been attacked with malignant pustule (*Milzbrand-karbunkel*). If the carbuncles, etc., thus contracted, be opened early enough, and treated with acids, the disease is usually not fatal; but in those persons who can get no medical aid (as is usual in Russia) there arises a deadly form of typhus fever. Many of the dead animals are thrown into the Neva, the water of which is drunk by the inhabitants. This bad water, together with deficient food and diseased grain, explain, according to Dr. Berkleff, the presence of the recurrent fever in St. Petersburg, etc., during the past spring. The occurrence of the "Siberian plague" in man, he says, results immediately through contagion from diseased (*Milzkranken*) animals; malignant pustule being the result. It is probable, also, he adds, that the disease may be spread by gnats and flies from the animals to men; but it is not communicable from man to man.

It is further stated in the same journal that Dr. Whitley's report of the St. Petersburg epidemic does little more than confirm the facts already well known. Typhus or typhoid fever commonly prevails in St. Petersburg. In August last appeared a fever new to Russian doctors. Dr. Hermann, Physician of the Aboukhow Hospital, soon discovered its nature, and declared it to be relapsing or famine fever. Crowding, bad food, and extremes of temperature, were the main causes of the occurrence of the fever, which was, in fact, confined to the poorer classes. In the different hospitals, there were noted, from August 1864 to March 1865, 7097 cases of typhus, and 7625 of relapsing fever—in all, 14,722. Of these, 2034 were fatal—1198 typhus, and 836 relapsing fever. Parotitis was a common accident; but enlarged inguinal glands were much less frequently observed. The relapsing fever resembled precisely relapsing fever as elsewhere observed. The treatment had no influence in checking the relapses. The spleen was most frequently affected; the liver less so. Dr. Whitley remarks, that the mortality in different hospitals was very different, showing in a striking manner how the disease is modified by the circumstances under which the patient lives.

Production of Sex.

Every few years the attention of men of science is called to some new explanation of the difference in the sexes. Among the latest is one advanced by Mr. De Ferrendi, in a late number of the *Scientific American*.

"For several years," says Mr. F., "I have been in the possession of this knowledge, and being a Frenchman, I had intended to communicate it to the Academy of Sciences at Paris; but illness has prevented my return to France. Fearing that my secret may perish with me, as in the case of Segato, I have decided to publish it for the benefit of all civilized people.

"Experience has shown that the theory heretofore prevailing in regard to the production of the sexes is false, and that this which I submit is the only true one.

"It is the male who engenders the substance destined already to be of the masculine sex or the feminine, before the female receives it. The right side apparatus engenders the male, the left the female. By operating a partial castration, therefore, of the male, it is easy for stock breeders to procure offspring all of either sex.

"At La Hotte, near Fort Liberty, in Hayti, this process has been in operation for several years, and for the twelve years that I have watched the result it has never failed."

Danger of Injections into Aneurisms.

A man in the Aix Hospital had a traumatic aneurism of the brachial artery at the elbow-joint. Compression was tried for a month, but failed. M. Goyraud therefore injected into the tumor five drops of perchloride of iron. The aneurism at once became firmer, the thrill of it ceased, the pulsation in it was less, but still continued. A second similar injection was therefore tried. Immediately thereupon the whole hand became pale; the sensation in the fingers was most painful; the temperature was lowered. The hand was like that of a dead person. All pulsation of the tumor had ceased. Frictions and hot applications were applied to the hand. On the next day, a blue circle was seen at the finger, and gradually increased. Deep pain was felt in the hand. Eventually the hand was separated at the wrist by dry gangrene, and the man left the hospital cured in a month. The accident was accounted for by supposing that a clot of fibrine had been driven into the ulnar and radial arteries.—*Brit. Med. Jour.*

Turpentine Vapor Bath.

Dr. Gilbert a few days ago read a report to the Academy of Medicine on a paper sent in by Dr. Chevandier, on the use of a turpentine vapor bath in cases of rheumatism, gout, pulmonary catarrh, cramps in the stomach, etc. The pa-

tients are exposed for half an hour to the action of the aromatic vapors evolved during the combustion of resinous shavings of the Mugho pine, by means of special fumigatory apparatus. The temperature should never fall below 45° Reamur, (134 Fahrenheit.)

Reviews and Book Notices.

Report of Committee on "Progress of Ophthalmology in the year 1864," to the American Ophthalmological Society. By B. Joy Jeffries, M. D.*

This comprises about ten pages of printed matter. First in importance is the publication of Sydenham Society;" but as the members of the "the results of the labors of Donders, by the new society have probably ere this rendered themselves familiar with the contents of this magnificent volume, it is not necessary, perhaps not even becoming, for your Committee to attempt analysing these studies. p. 336. At page 338, half a page is given to "Ophthalmic Photography." The author states that "the fundus of the human eye has not yet been photographed, yet we cannot doubt but that it will be done." p. 339. Then follow short notices of "Autophthalmoscopy and Entroptics," which we doubt not every member of the Society knows, and has read the same things in the *Ophthalmic Journals* and *Carter's* edition of Zander, while there is not a single suggestion or new observation. He then gives the theoretical views of Muller and Rilter, as to "the function of the separate portions of the nervous structure of the retina." p. 340. At page 341, he notices as new the "Binocular Ophthalmoscope." Now this form of Ophthalmoscope was invented by Dr. Teulon in 1862, a full notice of which was published by Dr. Carter, in the *London Lancet* for March, 1863, and a full illustration and description of the most improved form made by Messrs. Murray and Heath, of London, will be found at page 252, of *Hogg's Manual of Ophthalmoscopic Surgery*, London, 1863. Pages 342–3–4 are devoted to the Physiology and Theory of Vision, with a Bibliography of German and English books, but not a single book or paper of American origin. We think the Committee might have enlightened the mere doctor in medicine in regard to many subjects which he is at present in doubt about. As for instance, the advance in treatment of "Granular Ophthalmia," "Iritis and Sclerotitis," the success of "Iridectomy and Iriodesis" in glaucoma, the best form of Ophthalmoscope, and many other practical questions, showing that we have made with our new aids to diagnosis, a step forward in the treatment of defective and impaired vision, for the aim and end of all our aids. In conclusion, we do not recognize the necessity for, or the special value of this report, as every word of it has already been published.

L T.

* New York Medical Journal, August, 1865.

Companion Poets for the People, in Illustrated Volumes. Paper, 50 cts. per volume. Boston; Ticknor & Fields. 1865.

The volumes already issued of this series are:

Household Poems. By H. W. Longfellow.
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It is with real pleasure we hail these simple unpretending volumes. The publication of the poetic thoughts of the best writers, in a style at once pleasing, portable, and inexpensive, is no less than a *national* good. These little books will be broadcast over the land. What more convenient to slip into the traveling bag on a pleasure excursion or business trip? What more suitable to mail to that distant *country* house, as a reminder of a *city* friend? What more likely to prevent the formation in youth of a prurient taste for "Dime Novels," and yellow-covered literature, than ready access to the pure and ennobling thoughts of our standard writers?

It has always been a source of regret to us, to see the *best*, real, live books consigned to "lie in state" on the parlor table, every inch of their elaborate and delicate ornamentation saying, "touch me not." This series of Ticknor & Fields' need not be banished to the parlor, but can be in the sitting-room, the kitchen, the workshop—"Companion Poets of the People," children, and all.

Of the above works, we have received "Songs for all Seasons," by Tennyson, and "National Lyrics," by Whittier. They are elegantly illustrated and printed on beautiful tinted paper, and the very low price brings them within the reach of everybody. We bespeak for these works a wide circulation.

"The Man without a Country," is the title of a very exciting and seasonable story republished from the pages of the *Atlantic Monthly*, by Ticknor & Fields. Pp. 23. Price 10 cts.

M. De Mortillet positively asserts that the application of the wax of the ear to the injured part will cure the deadly sting of a poisonous fly.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 26, 1865.

PROFESSIONAL ETIQUETTE AND THE PRITCHARD POISONING CASE.

The good people of Great Britain have of late been not a little exercised over a case of poisoning. A Dr. Pritchard, said to be a regularly educated physician and surgeon, and one of the most exemplary citizens of Glasgow, poisons his wife and mother-in-law by small and frequently-repeated doses of antimony.

The poisoning is very clearly proven, and directly traced to the Doctor. A sufficient motive is apparently wanting, for he came into possession of no money. It is, however, assumed that he was prompted to the deed by reason of illicit intercourse which he had had with the servant-maid, and which had come to his wife's knowledge.

But the interesting point of the case, to the medical profession, is in the evidence of Dr. Patterson, a professional *confrère*, who was called in consultation with Dr. Pritchard. This Dr. Patterson swore that he knew from the symptoms that the patient was undergoing a process of antimonial poisoning, but *professional etiquette prevented him from any interference in the case.*

The position assumed by Dr. Patterson is not only wholly untenable on any grounds, but is alike unprofessional. Professional etiquette is something imperfectly understood by the people at large, and consequently is the subject of no little popular ridicule, not to say animadversion, and were it to cover such a false and morally wrong reticence as that evinced by Dr. Patterson, it would be very justly a matter for public censure.

But there is nothing in the code of professional ethics which requires of a physician that he be accessory to a crime or murder in the course of commission. A consulting physician is not to publicly criticise the practice of a physician who may be the attendant in the case under consultation, even though the treatment may not be just what he would pursue; but when a great crime is being committed, when a murder most diabolical is being perpetrated, and he sees and knows it, morally and professionally he has no right to keep silence.

The idea is monstrous. For a man, not to say a physician, to stand by the bedside of a patient, and know that slowly and deliberately she is being poisoned to death, is a damning crime which no Hippocratian oath, no code of professional ethics ever would or could sanction. It is an idea which will be utterly scouted by the profession, as well as by the people, and one which should and will meet with public reprobation by the medical world.

Dr. Pritchard has paid the penalty of the crime of which the profession must hold Dr. Patterson to be little less guilty if the evidence he gave is to be accepted. It has, however, occurred to us that Dr. Patterson's suspicion of poisoning may have been an afterthought, and his evidence given, without sufficiently weighing its criminal bearing upon himself, in order to screen himself from criticism for failing, while in attendance, to discover the true nature of the case.

THE HOUSE OF LEA & BLANCHARD.

There is not one of our readers to whom the names of Lea & Blanchard are not familiar, as connected with the publication of medical works. They do the chief medical book publishing business on this continent. We are chiefly indebted to the Publisher's Circular for the following brief outline of the history of this establishment. The house was originally established by Matthew Carey, who came to this country from his native city, Dublin, in 1783. He was a great writer and controversialist, and published many works. His son, Henry C. Carey, became associated with him in business about the year 1821. Mr. H. C. Carey has gained a world-wide celebrity as a political economist. The style of the firm at this time was M. Carey & Sons. In 1824 Matthew Carey retired from the firm, and in 1827 Mr. Edward L. Carey became a partner, the style of the firm being Carey, Lea & Carey. Two years later E. L. Carey formed an association with Mr. A. Hart, to carry on the retail business of the firm, leaving the old firm with the title of Carey & Lea. In 1833, Mr. William A. Blanchard, who had entered the service of the firm as a boy in 1815, became a partner, and the style of the firm was changed to Carey, Lea & Blanchard. In 1837 Mr. Henry C. Carey retired, and the business was conducted till 1851 in the name of Lea & Blanchard, when Mr. Isaac Lea retired, and his son, Henry C. Lea, became the junior partner, and the title of the firm was reversed, and the house was known as that of Blanchard & Lea until recently by the retirement of Mr. William A. Blanchard and the accession of his son, Mr. Henry Blanchard, as junior partner, the title of the firm is again changed to Lea & Blanchard.

This firm, though often charged with want of liberality in its dealings with authors, has however, always maintained a high character for in-

tegrity. Several of its members have been distinguished as writers, and one of them, Mr. Isaac Lea, is prominently known as a student of natural science, and a contributor to our fund of knowledge on some of its branches. He is, we believe, an active member of the Academy of Natural Sciences in this city, and has contributed to that and other scientific bodies and journals, numerous monographs and essays, which have rendered him an authority in the branches to which he has directed his researches.

The medical profession is under obligations to this house for keeping one of the principal fountains of medical literature pure and unadulterated. In our editorial experience of fifteen years, we do not remember an instance of their departure from the paths of legitimate medical literature. Their representative serial publication, *The American Journal of the Medical Sciences*, is the only quarterly medical journal now published in this country. It is well known to most of the profession of the country. Long may the firm live to publish good medical books, especially good *American* books.

Notes and Comments.

Philadelphia County Medical Society.

The above Society will hold its first conversational meeting of the series for the coming winter, on the second Wednesday evening (the 13th) of September. The subject selected for discussion is Typhus Fever. It will be introduced by a paper from Dr. D. Francis Condie, who is well known to the profession as having had large experience in the treatment of this disease.

Typhus fever having prevailed to a certain extent in this city during the past year, the subject will be likely to add interest to this, the initial meeting of the series, and bring together a large representation of the members.

The Dental Cosmos.

We have had occasion to say before now that this is the best edited journal that we know of. A change has lately occurred in the editorship, which will add still more to its editorial value. Dr. J. D. White having withdrawn, his place has been supplied by Dr. J. H. McQuillan, who will conduct the more strictly original and dental department, while Dr. Geo. J. Ziegler will, as he has so ably done heretofore, continue to supply the "Periscope of Medical and General Science in their Relations to Dentistry." Dr. McQuillan is already favorably known as a writer and teacher in connection with the science of which he is such an enthusiastic admirer.

Insect Enemies of Fruit, etc.

Dr. Isaac P. Trimble, of Newark, N. J., has in press a complete practical treatise on the Insect enemies of Fruit and Fruit trees. The work is to be a handsome quarto, illustrated with eleven colored Lithographic plates. Published by subscription only, by Wm. Wood & Co., 61 Walker street, N. Y. *Price*, $8 and $5, according to style of getting up.

Wine on the Sideboard.

Last week we published an item in regard to providing an asylum in Edinburgh for women from the higher ranks of society who have formed habits of intemperance. Here is an item on the same subject, only much nearer home:

"It was stated, at the Temperance convention at Saratoga, that the names of thirteen hundred rich men's daughters, in New York, are on the list of applicants for admission to the Asylum for Inebriates at Binghampton, in that State."

Mortality of Providence, R. I.

The mortality of Providence, Rhode Island, for the month of July, was 128, or 34 more than in the previous month; ten less than in July, 1864; and 37 more than the average for July during the last ten years.

There were 24 deaths from cholera infantum, 4 from diarrhœa, and 13 from dysentery, 10 from whooping cough, and 8 from scarlet fever.

News and Miscellany.

Description of a Rebel Hospital.

Mr. Frederick K. Knapp, superintendent of special relief of the U. S. Sanitary Commission, gives the following description of a rebel hospital in the vicinity of Richmond, soon after the occupation of that city by the national forces:

Jackson Hospital, as established and conducted by the rebels was excellent; in some respects, few military hospitals of our own surpass it. It was excellent in its general plan of organization; in its location and its arrangement of buildings; in its administration; in its thorough policing; in the exceeding cleanliness of its bedding, and in the very liberal provision made by the rebel government for the hospital fund.

Jackson Hospital comfortably accommodates 2,500 patients. Winder Hospital, which is near by, but which I did not visit, is said to be similar to Jackson Hospital in general arrangements and capacity, but inferior in its situation and its appointments. The buildings at Jackson Hospital are much like our usual wooden hospital barracks,

well arranged, and well warmed and lighted, the floors nicely scoured, and the walls, in many wards, covered with canvass, which was painted white. The bedsteads were only wood, but were kept very white, and on each was both a straw bed and a cotton mattress, and two feather pillows with nice pillow-cases. The sheets, and blankets, and bed-spreads were unusually clean, and bore marks of being carefully looked after. The cleanliness of the bed-linen was accounted for by the large laundry, where sixty laundresses were constantly at work. The laundry was provided with a long row of fixed tubs, into which the water was brought by pipes, and ample provision was made for heating water, heating irons, etc.

This laundry had its tenements near by for the women employed there, where they seemed comfortable in their quarters, and neat in personal appearance. At the hospital, beside the medical corps and nurses, and the two matrons to every ninety patients, there were in each section a chief linen matron and a chief culinary matron, with their two assistants. In each section was a kitchen for special diet, with four to six stoves—this besides the general kitchen attached to each section. The special diet list was posted in all the wards, and seemed liberal and aiming to secure variety. The dispensaries were well fitted up, and the persons in charge said, in answer to my inquiry, that, excepting a deficiency at times in some few articles, their supply has been good. The linen rooms were kept in the neatest order, and seemed to have been unusually well filled. The baggage rooms were like the rest, clean and well arranged. The dining-rooms of each section, where the convalescents ate, were also kept well, and the tables neat and bearing marks of care and comfort, and convalescents who had been there some months assured me that their fare was, on the whole, excellent. There were no covered walks connecting the different buildings in the section with the dining-rooms, nor were there any "tramways" from the kitchens to the wards, but the walks were hard and clean, and the drains deep and free. At the head of each section were neat buildings, one of which was occupied by surgeons, others by matrons and women assistants. Those buildings with their whitewashed fronts and green blinds, and patches of grass, had a look of comfort. There was no general method of carrying water by pipes over the different buildings, consequently there was no provision for bath-rooms in the several wards—a decided deficiency; but good water for ordinary use was furnished by wells. The water-closets for convalescents were located where a running stream carried off the deposits.

Within the hospital grounds and near by was an open grove of large trees, with grass beneath, neatly kept. At the further end of this grove was one of the two large ice-houses which supplied the hospital, each 30x30 feet, and 18 feet deep. They are both now filled with solid ice, well protected. A little way from the hospital on the other side are large sheds and a barn, also a dairy-house, with the cold water of the melting ice of one of the ice houses flowing through it. At this dairy in summer they have had sixty cows, pastured near by, to furnish fresh milk, and at times fresh butter also, to the patients. The refuse from the barn-yard goes to enrich the hospital garden of three or four acres, which the Surgeon formerly in charge told me had become very productive.

Near the dairy-house stands a large bakery, at present not used, with capacious ovens, where formerly, as the man in charge stated, they turned out sixty thousand pounds of bread per day.

To the above memoranda is to be added this most important fact, viz.: that the rebel government, in making provision for the "Hospital Fund," added one hundred per cent. to the usual army ration. Thus was furnished large means for purchasing extra supplies.

Such, roughly sketched, is the record of Jackson Hospital, as it had been during the past year or more; while near by, all the time, was Belle Isle, with its shelterless and starving thousands of Union prisoners.

The Cholera in Egypt.

The following are some details of the cholera in Alexandria:

On the 20th of June the number of cases of cholera which had proved fatal in Alexandria was upward of sixty. From that date to the 24th the average number of deaths was eighty-five per diem, making a total of 857 since the outbreak of the epidemic.

At this date a violent *chamsin* arose, which continued with great intensity until yesterday. The appearance of this oppressive and dangerous south wind is very rare at this advanced season of the year, but at this particular time such an occurrence was a most unfortunate complication of matters, and was attended by a sudden extension of the epidemic. On the 25th the official list shows the mortality to be 183; on the 26th, 193; on the 27th, 208; on the 28th, 214; on the 29th, 209; on the 30th, 197; on the 2d of June, 196; on the third, 228; on the 4th, 176; on the 5th, 118; on the 6th, 132; on the 7th, 142. It is believed that the mortality is much greater than stated by the above-mentioned official reports; but, on the other hand, the surmises of an excited and panic-stricken population are doubtless exaggerated and unreliable. According to popular estimates, the official numbers should be quadrupled.

It cannot be doubted that such a rapid spread of the epidemic is to a great extent due to local causes, and principally to the state of the dwellings of the Arab fellahs which are shared alike by man and beast; to the food of these natives, which, especially at the present time, is insufficient and bad; to the putrid water the Arabs are compelled to drink during the low state of the Nile; to the excessive heat; the want of personal cleanliness among them, as well as among the poorer class of Europeans; and, lastly, to the stupid superstiton of the Arabs with regard to the sickness on the one hand, and on the other their well-known indifference in the presence of epidemics and death.

It is roughly estimated that between 18,000 and 20,000 European residents have left Alexandria.

Every kind of transport has been brought into use to aid their flight, and Syria, the Greek Islands, Italy, and France, are the refuge of these emigrants.

Nine steamers have taken about seven hundred passengers to Trieste.

The epidemic did not long confine itself to Alexandria. It has not only attacked the villages of the Delta, and the towns of Dhamanhur, Tanta, Mansura, and Zagazig, but at Cairo the choleraic symptoms have shown themselves in a manner which gives rise to the most serious apprehensions.

The official reports from Cairo are even less reliable than those issued here. The epidemic came there with the *chamsin*. The population of Cairo is about 300,000.

In Alexandria business is at a complete standstill, and almost all the Arabian bazaars, shops, and offices are closed.

Magnesium.

At the Sorbonne, lately, M. Troost delivered a lecture "On Magnesium and its Applications." After describing its manufacture, he showed the light of magnesium alone, and then of the zinc and magnesium twist devised by M. Leroux. These two metals burn together freely; the light seems to equal that of magnesium by itself, and is of course much more economical. M. Troost said that a wire, 97 *millimètres* long and one-third of a *millimètre* thick, gives the light of 64 candles. He also showed an unpublished experiment of MM. Deville and Caron, who have discovered that the magnesium instantly decomposes the vapor of water. If a current of steam is passed into a tube containing fragments of the metal, the hydrogen may be burnt at the oppositite extremity.

Substitute for Court-Plaster.

M. Fort, of Paris, proposes the following compound in lieu of the ordinary court-plaster. Unlike the latter, it is flexible, not subject to cracks, and extremely cheap. Picked gum arabic, 75 grs.; distilled water, 120 grs.; glycerine in sufficient quantity. The gum is dissolved in the water, and to this solution a proportion of glycerine is added, enough to give the mixture the consistence of syrup. The solution is then spread with a camel's-hair brush on very smooth linen, which latter should be first gummed, to prevent the solution from running through the meshes. The operation should be done rapidly, and the number of layers regulated according to the thickness required. It should be cut into strips, and slightly wetted with water before it is used.—*Lancet.*

Sophistication of Wines.

There is in this city, says the *Druggists' Circular*, (New York,) one concern, and probably there may be some more, that makes wine without a drop of grape-juice, and so genuine in appearance that it was used at the great dinner given to the Russian naval officers who visited us a few years ago.

Army Examining Board.

Surgeon-General's Office,
Washington, D. C., August 17, 1865.

An Army Medical Board, to consist of Brevet Colonel C. S. Tripler, Surgeon United States Army, President; Brevet Lieutenant-Colonel H. R. Wirtz, Surgeon United States Army; Brevet Lieutenant-Colonel Anthony Heger, Surgeon United States Army; and Brevet Major C. C. Lee, Assistant Surgeon United States Army, Recorder, will meet in New York city, on the 20th of September next, for the examination of candidates for admission into the Medical Staff of the United States Army, and of Assistant Surgeons for promotion.

Applicants must be between 21 and 36 years of age, and physically sound.

Applications must be addressed to the Surgeon-General of the Army, stating the residence of the applicant, and the date and place of his birth; they must be accompanied by respectable testimonials of moral character.

If the applicant has been in the service, he will send the testimonial of the chief medical officer under whom he has served, and if in service at the present time, the application must be sent through the Medical Director of the respective Department.

No allowance is made for the expenses of persons undergoing the examination, as it is an indispensable prerequisite to appointment.

There are now twelve vacancies in the Medical Staff.

J. K. Barnes,
Surgeon-General U. S. Army.

Marriages of Consanguinity.

The *Archives de la Médecine Naval*, of France, contain a scrap of curious information respecting marriages of consanguinity in the black race:

"In 1849 there died at Widah, in the kingdom of Dahomey, a Portuguese trader named Da Souza, well known to all navigators who have visited the Western Coast of Africa. He was an important personage in the country, which he had inhabited many years, and had made an immense fortune by trading with the negroes. On his death, he left behind him a number of children, the issue of the four hundred women kept in his harem. The political policy of the kings of Dahomey being hostile to the establishment of a mixed race, the numerous progeny of Da Souza were shut up in an enclosure by themselves, under the government of one of the sons. Here, subjected to the surveillance of the agents of the king—the most despotic of all the monarchs of the earth—these *metis* (people of mixed blood) could unite in marriage only among themselves—in other words, they lived in the most shameless promiscuity.

"In 1863 they counted children of the third generation. The color of their skin was returning rapidly to deep black, though all of them preserved some traits of their European ancestor.

Among all the descendants of Da Souza—we are able to state this from personal observation—forming among themselves unions at once the closest in relationship, and the most monstrous, there are neither deaf mutes, nor blind, nor cretins, nor feeble or deformed from birth."

Pension Examining Surgeons.

The Commissioner of Pensions has appointed the following examining surgeons for pensions:

New York.—D. W. Day, Arcadia; Z. H. Blake, Downsville.

Ohio.—F. E. Franklin, Tiffin.

Assignments of Medical Officers.

Assistant Surgeon W. R. Ramsey, U. S. Army, has been relieved from duty in the Department of North Carolina, and ordered to duty in New York City. Assistant Surgeon Webster Lindsley, has been relieved from duty in the Department of Washington, and ordered to duty with the 1st Battalion of the 12th United States Infantry, at Richmond, Va.

"Traumatizin."

"Traumatizin" is the name of a solution of gutta-percha in chloroform, which is used for the closing of wounds, and answers for this purpose better than collodion, because the latter contracts the skin and thus enlarges the wound. A good formula for preparing the article is, one part of purified gutta percha and twelve parts of chloroform.

Dentistry by Steam.

There is in Pittsburgh a steam dental establishment, under the control of Dr. G. W. Spencer, which turns out a hundred sets of artificial teeth a week. Dr. Spencer has nine assistants, the principal of whom is Dr. Charles W. Hornor, of this city.

MARRIED.

Ebbs—Colton.—On Thursday, Aug. 17, at Emanuel Church, Newport, R. I., by Rev. L. P. W. Balch, D.D., Allen Ebbs, of Brooklyn, N. Y., and Jennie N., daughter of Charles Colton, M. D., of Newport.

DIED.

Ashby.—In New York, on Thursday, Aug. 17, Mrs. Laura C. Ashby, aged 32 years, daughter of the late Dr. Nathaniel Miller, of Fire-place, Long Island.

Bissell.—On Thurday, Aug. 10, at the residence of her daughter, at Harlem, Ill., Mary Hayes Bissell, widow of the late Emory Bissell, M. D., of Norwalk, Conn., in the 77th year of her age.

Couper.—Suddenly, at New Castle, Del., on the 12th instant, James Couper, M. D.

Dunham.—At Monticello, N. Y., on Friday, August 18th, Arthur Woodruff, only child of Dr. Charles and Elizabeth W. Dunham, aged 13 months and 9 days.

Houghton.—In New York, on Thursday, Aug. 17, after a brief and severe illness, Alfred Henry Houghton, aged 22 years, 6 months, and 6 days, son of A. Houghton, M. D.

Manning.—At Phipsburg, Me., Aug. 2, Miss Elizabeth S. Manning, of Lowell, Mass., only daughter of the late Dr. P. Manning, of Lowell, aged 34 years.

Rice.—At St. Augustine, East Florida, July 19, Dr. William E. Rice, late of South Boston, Mass.

Sinclaire.—At New Rochelle, N. Y., on Sunday, Aug. 20, Thomas Sinclaire, M. D., LL.D., in the 69th year of his age.

ANSWERS TO CORRESPONDENTS.

Dr. T. L. U. D. G., Elmira, N. Y.—Turnbull on Defective and Impaired Vision, do. on Nervous Deafness, sent by mail, August 19th.

Dr. J. J. T., Waynesville, Mo.—Weber's Anatomical Atlas, sent by Express, August 15th.

Dr. J. M. D., Annapolis, Md.—Da Costa's Medical Diagnosis, sent by mail, August 19th.

Dr. R. C. M., Newport, Pa.—Churchill's Diseases of Infants and Children, sent by mail, August 19th.

Dr. J. H. M., Phœnixville, Pa.—History of American Medical Association, mailed August 18th.

METEOROLOGY.

August	14,	15,	16,	17,	18,	19,	20.
Wind	N. W.	W.	W.	S. W.	E.	N. E.	S. W.
Weather	Clear.	Clear.	Clear.	Clear.	Cl'dy.	Cl'dy.	Clear.
Depth Rain							
Thermometer.							
Minimum	58°	68°	63°	60°	60°	63°	60°
At 8 A. M.	73	74	71	69	67	70	74
At 12 M.	77	80	81	76	74	76	83
At 3 P. M.	78	81	82	76	74	76	84
Mean	71.50	75.75	74.25	70.25	68.75	71.25	75.25
Barometer.							
At 12 M.	30.1	30.	30.	30.1	30.1	30.1	30.1

Germantown, Pa. B. J. Leedom.

AMERICAN MEDICAL ASSOCIATION.

Members desiring copies of the Transactions for 1865, must forward their subscriptions ($3) immediately, as the number of copies published will be but slightly in excess of the number of subscriptions.

Wm. B. Atkinson,
Permanent Secretary,
215 Spruce street, Philadelphia.

Aug. 12, 1865.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64, Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers,* of No. 414, Feb. 4, 1865.

THE

MEDICAL AND SURGICAL REPORTER.

No. 444.] PHILADELPHIA, SEPTEMBER 2, 1865. [Vol. XIII.—No. 10.

Original Department.

Communications.

TENACITY OF HUMAN LIFE AS SEEN IN CASES OF GUNSHOT INJURIES.

By T. L. Leavitt, M.D., A.A.S., U.S.A.

(Continued from vol. xii., p. 106.)

Case 4. Harrison H., private, Co. E, 53d N. C., æt. 29 years, was wounded in the head during the last raid upon Washington, July 12, 1864, and was admitted to Lincoln Hospital, July 14th, a minnie ball having entered half an inch above the fronto-parietal suture, and two inches to the right of the median line, penetrating the brain, and apparently lodging there.

July 14th. The brain substance oozes out in a disorganized mass, patient is totally unconscious, groans as if in pain, tosses himself about in paroxysms of suffering, requiring force to retain him in position in bed. Unable to take food or medicine, marked strabismus, eyes open and staring, no dilatation or contraction of pupil perceptible.

July 15th. Convulsions frequent and violent, cold applications to wound, and ordered for him R. hydrarg. chlor. mit., gr. ½, opii pulv., gr. ¼ every three hours; also opii pulv., gr. ¼, every two hours, feeling impressed with the necessity of quieting this tremendous nervous excitement, and soothing and allaying the pain.

After a number of trials, succeeded in getting him to swallow the prescribed dose, which was continued at the regular intervals.

July 19th. Involuntary evacuations of urine; toward evening, at times, has lucid intervals; suffers still intense pain; takes light food; talks wildly and incoherently; automatic movements of left side of body, right side paralyzed.

21st. Better this morning, answers questions slowly, though rationally.

22d. The convulsions have ceased, the last one occurring yesterday morning. I have no hesitancy in saying that the opium was the agent in effecting this great change. The right side of the brain from having been in a state of disorganization and irritation, induced by the extensive injury and destruction of its parts, is now quieted and controlled. The pain is mitigated, the spasms cease, consciousness returns, no longer relaxations of the sphincters and involuntary discharges take place; indeed, the symptoms are becoming so favorable that one begins to hope against hope, and to think of and quote the case of the Vermont quarryman, who recovered after a tamping iron had passed through the skull, and to wonder if here may not be another similar case.

23d. Still improving, slept well last night, has a good appetite, talks and jokes with his fellow-prisoners, complains of some pain, at times, in the back of his head.

24th. Noticed some distension of scalp in posterior portion of head, behind the mastoid process of temporal bone, and the seat of severe pain; incised freely, giving exit to a large amount of pus; two fragments of bone, protruding, were removed; attached to one part of the bone was found a small portion of the dura mater and the inner table deeply indented from contact with the ball, which was found, upon further examination, roughened and irregular, having perforated the brain.

Evening. Pain much relieved.

25th. Doing well, pulse good and regular, Continued treatment, though at much longer intervals.

26th. Perfectly sensible, complains of but slight pain—wound discharges less than yesterday, when some spiculæ of bone were removed. Brain-substance in small quantities continues to exude.

27th. Weather intensely hot. About 2 P. M., a severe hemorrhage occurred from a meningeal branch, but succeeded in controlling it by pressure.

6 P. M. Hemorrhage again took place from both openings, but was arrested. Consciousness perfectly retained, complains of weakness.

28th. Convulsions commenced again this morning, at 6.30 A. M., and continued with increasing frequency and intensity. At 10 A. M., comatose, pulse less at wrist, stertorous respiration. Continued in this condition until 4 o'clock P. M., when death ended his sufferings, having, in his

fierce struggle with the grim monster, kept him at bay fourteen days, notwithstanding a bullet had torn its jagged way through the right lobe of the cerebrum, and remained lodged against the meninges for ten days.

The autopsy revealed a fracture extending six inches in length and from one to two inches wide chiseled, as it were, out of the solid skull structure, the right cerebrum a mass of decomposition, and the middle meningeal artery sloughed through. The specimen was prepared and forwarded to the Army Museum, at Washington, D. C., a silent though forcible witness of the great tenacity of human life.

Case 5. Theodore M., Courier of Gen. Beauregard, Co. C, 3d. N. C. Cav., æt. 18, received a gunshot wound in the battle of Coal Harbor, Va., May 31st, 1864, the ball entering one half inch below and to the left of the apex of the heart, between the fifth and sixth ribs, passed directly through the left lung, and made its exit posteriorly about one line to the right of inferior angle of left scapula, shattering the seventh rib in its course. Admitted to hospital June 5th, 1864. Patient suffers greatly from inability to breathe when in a reclining position, has considerable cough and frothy expectoration of bloody mucus, and at times slight hemorrhages which are controlled by the free use of table salt. Unable to sleep, except when in a sitting posture. Exceedingly feeble and anæmic, says he bled a great deal on the field. Pulse quick and thready, 120 beats in the minute. Much prostrated by the intense heat. On examining the chest, find in apex of left lung feebleness of respiration, loud mucous râles, and from the fourth rib downward, total absence of all respiratory sounds, increased vocal fremitus, great dulness on percussion, and in the right lung increased resonance and exaggerated respiration.

June 29. Chest sounds much improved, fewer râles, less dulness and dyspnœa, and altogether better.

July 8. Wound healing rapidly, removed spiculæ of dead bone from posterior wound. Able to walk round the ward.

16th. Complains of soreness in lung. Cough much better.

Aug. 2. Removed more spiculæ from posterior wound, anteriorly discharges profusely.

8th. Both wounds nearly healed, respiration re-established in the left lung except in the immediate locality of the injury. Looks delicate, but gaining daily under iron and quinine.

27th. Both wounds healed. The patient now assists in the ward as dresser.

CARDIAC PARALYSIS.

(With report of a Case.)

By Eli D. Sargent, M.D., U.S.N.

Death by syconpe is at once so alarming, and so insidious in its approach, that although it may in many instances not be amenable to treatment, even if its prognosis be made out, still its etiology and pathology are subjects of sufficient interest to claim the attention of the profession.

The heart's action may suddenly cease from various causes; as, for example, the obstruction offered by effusions of lymph into the pericardium, or rupture of its walls, or of large vessels in its vicinity allowing the blood to escape from its natural channel. I am, however, led to believe that a majority of the cases which have fallen under my observation, have been caused by enervation, or paralysis of the heart itself from disease either in the recurrent laryngeal and pneumo-gastric nerve, or else from some affection of the sympathetic, which may or may not extend beyond the cardiac and coronary plexuses. This fatal paralysis has occurred in my practice only as a sequel to exhausting disorders, and it is said to be particularly common after diphtheria, where there is often a tendency to local paralysis. It also follows chronic diarrhœa, rubeola, and doubtless many other diseases, and it is not improbable that many cases of sudden death occurring to the anæmic in the lower walks of life, explained as arising from "heart disease," may properly come under this head. My investigations after death have seldom afforded satisfactory evidence of the true cause of death in these cases, and I have been compelled to rely largely upon the rational signs for diagnosis.

The following case will serve as an example of this not very uncommon mode of dying, and the result of an attempt to discover the fatal lesion:

Serg't Eli T. Cook, Co. E, 125 Ills. Vols., came under my care in Cumberland U. S. A. General Hospital, at Nashville, Tenn., June 4th, 1864, while convalescent from chronic diarrhœa. Age about 35. Married, and a native of America.

Patient was able to walk about during the day, and said he felt well, although he did not appear strong—movements were a little undecided. Gave no medicine, and only directed full diet. June 5th and 6th, condition the same. Continued treatment.

On the morning of the 7th he asked to be sent to his regiment, for duty, insisting that he was entirely well. Early in the afternoon of this day, however, I was called to his bedside in haste, and was surprised to find life extinct.

His attendant stated that he had been around, as usual, during the morning, had eaten freely at noon, and lying down soon after dinner, while conversing cheerfully, had instantly expired.

Having obtained advice, and decided that the subject was not suffering from catalepsy, a post-mortem examination of the body took place, four hours after death—temperature of the room about 80 degrees, rigor mortis not perceptible; cadavera not emaciated—slight discoloration of the anterior part of both legs just below the knees, resembling the spots of scorbutus. Upon opening the thoracic cavity, found the right pulmonary and costal pleura covered with a loose effusion of lymph, most abundant upon the costal pleura. A quantity of pale straw-colored fluid filled the right pleural cavity, compressing the right lung so as to give it the appearance of a solid organ—portions of this lung sank in water. Left lung only slightly congested posteriorly. The pericardium contained an ounce of fluid. Heart flabby, and its walls thin—valves normal—a firm fibrinous clot in the left auricle, closely adherent; weight of heart eleven ounces and a half. Liver of a deep-fawn color externally, still deeper internally—weight five pounds and six ounces. Spleen of its usual density and weighing eighteen ounces. No ulcers in either large or small intestines. Mesenteric glands pale, soft, and small. Upon opening the cranial cavity, found one ounce of aqueous fluid, half a drachm in each lateral ventricle. Brain substance normal. No traces of congestion were discovered. Diagnosis—paralysis of the heart.

This case is hardly less remarkable in showing no satisfactory explanation of the sudden death, than in revealing at the post-mortem examination disease which was not before suspected. It is worthy of remark, however, that the profuse and exhausting secretion of both pus and serum which was so conspicuous in this case, is a common complication or attendant upon this class of cases.

U. S. Bark "*J. C. Kuhn*,"
Pensacola Bay, Fla., Aug. 7, 1865.

Dysentery caused by Impure Exhalations.

A severe outbreak of dysentery has recently occurred in a county asylum in England, caused by the effluvia from a field irrigated by sewage. The poison had a period of incubation in most cases before the dysentery appeared, of from three to five days. The morbid appearances most characteristic of this epidemic were—1st, a soft membranous deposit on the mucous membrane of the intestines; and 2d, the diseased condition of the lower part of the small, as well as the large intestine, in all the cases.

Editorial Department.

Periscope.

INTERMITTENT OPHTHALMIA.

At the annual meeting of the American Ophthalmological Society, (June 13, 1865,) Dr. H. Derby, of Boston, read a very interesting history of a case under his observation.

Mrs. S. H., æt. 59, of full habit and excellent health, consulted Dr. D. in March, 1864, with a smarting and sensation of foreign matter in her right eye. Upon examination it was found that a belt or elevated vascular band of tissue, involving the conjunctiva and sub-conjunctival tissue, extended back from the inner edge of the cornea below the caruncle, becoming wider across toward the cornea, which was not in the slightest degree affected. It fact it resembled a pterygium, of which the corneal portion had been carefully dissected away.

Attention was at first attracted to it seven years before, by a pricking and smarting of the eye, and a sensation as of a foreign matter between the lids.

The patient goes to bed perfectly well, having had no premonitory symptoms, and either notices a sensation of fullness in the eye if she wakes up in the night, or observes the red patch on going to her mirror in the morning. No treatment affects its duration or recurrence, insufflation of calomel, atropine, etc., having been tried in vain. On inspection, the same reddish band would be visible—faint at first, rapidly increasing in prominence and deepening in color, and passing off in three or four days. The attacks occurred every four or five days, so that one would barely be recovered from before another would occur. Six weeks later they began to diminish in frequency, occurring every eighth day, now and then waiting till the ninth. During the first year the interval never exceeded ten days, and during the second, eleven.

The interval between the attacks gradually increased, averaging from thirty to thirty-three days, and on one occasion reaching the thirty-eighth. The duration of the attack came to average about three days, and it was observed that the color of the band was less red, and the uncomfortable sensation in the eye less marked.

The following are the dates of recurrence while the patient was under Dr. Derby's observation: In 1864—March 17th, April 19th, May 19th, June 26th, July 29th, August 29th, September 24th, October 31st. The dates of the November

and December attacks were lost. In 1865—January 17th, February 12th, March 22d, April 19th, May 10th, and June 10th.

The eyes are used without restriction or fatigue, and in the interval are throughout perfectly normal, presenting no trace whatever of the affection.

Dr. Jeffries was inclined to think that a solution of this case will be found in the connection between the uterine system and the innervation of the eye. It occurred to him that the experience of Brown-Séquard, in reference to the effect of excitation or nervous stimulation upon tissues in which vascularity is visible as in the eye, would be valuable. He hoped Dr. Derby would communicate with Dr. Séquard in reference to it. It seemed to him that his suggestions would be valuable.

Dr. Derby said the disease did not make its appearance for several years after the cessation of the menses. It has greatly diminished from year to year.

Dr. Williams, (of Cincinnati,) had an imperfect recollection of a case, which was very obscure to him at the time, and which he had never yet been able to comprehend. It cannot depend upon the suppression of the menses, because this was in a young man. He came to him with a very marked congestion of the sub-conjunctival tissue in one eye, commencing on the inner side, but not confining itself to that portion of the sclerotica, extending itself in the course of twenty-four hours over the whole surface of the globe. It never led to any opacities of the cornea, and almost disappeared in the course of thirty-six to forty-eight hours. Astringents had no effect upon it. It was evidently a case of congestion of the sub-conjunctival tissue, recurring periodically. He treated the young man during four or five different attacks, and they lasted from thirty-six to forty-eight hours, and the disease usually travelled round the whole cornea, involving the whole sclerotica, accompanied by a great deal of pain during the first few hours. The intervals between the attacks were from eight to ten days. The attacks occurred regularly once a week soon after that. Dr. W. treated him without success, although he has now recovered.

Production of Sex.

M. Thury's ingenious hypothesis on the production of sex has been for some time before the world, and has, we believe, from practical men engaged in breeding, received some confirmation. According to the Genevese Professor, every ovum passes through two phases or degrees of maturation, and accordingly as fecundation takes place at the commencement or toward the termination of such period females or males are produced. M. Coste described to the Academy of Sciences some experiments he has made in the matter with regard to multiparous animals—viz., fowls and rabbits—and the results are in no wise confirmatory of the doctrine laid down by M. Thury, the sexes being sometimes intermingled, and at others the reverse of what might have been anticipated. —*N. Y. Med. Journal.*

Observations on Typhoid (Intestinal) Fever in the Pig.

From the *Brit. Med Jour.* we learn that Dr. William Budd, of Clifton, read a paper on the above very remarkable disease before the Bristol Medical Association. It appears that the disease was first brought to the notice of Dr. Budd by Professor John Gamgee, of the New Veterinary College, Edinburgh. On the 27th of August last, a letter from that gentleman stated—1. That an outbreak of typhoid fever, attended by ulcerations of the intestine, had occurred among pigs in the neighborhood of Edinburgh; 2. That the disease had been imported by stock from Wolverhampton; and 3. That he had succeeded in stopping its spread by measures—Dr. B. inferred from the note—directed against contagion.

A whole pig, dead 36 hours, was packed in ice and sent to Dr. Budd, who was almost deterred from the examination by the extreme fetor of the carcass. Upon examination, however, it was found that the intestinal follicles presented alterations which, although limited in extent, and differing somewhat in the order of their distribution, bore a close resemblance to the well-known ulcers of the typhoid fever of man.

In following the course of the ileum downward, the last six or eight patches were somewhat more conspicuous than common; but the only really characteristic changes were confined to the large follicular patch, which in the pig, as in man, is seated immediately above the ileo-cæcal valve; and to a cluster of the smaller follicles which beset the cæcum.

The Peyerian patch immediately above the valve was very vascular and much thickened, standing out in strong relief on the surface of the gut. This patch was the seat of three ulcers, of irregular oval shape, varying from a third to half an inch in diameter, and having their edges sharply cut. These ulcers had destroyed the mucous membrane through its whole depth. Their base—and the same observation applies to the ulcers found in the cæcum also—was formed by an adventitious deposit, presenting the general characteristics of the yellow deposit which occurs in the typhoid fever of man. In the cæcum were counted six other ulcers, for the most part of smaller size, but presenting precisely the same appearances.

The mesenteric glands corresponding to the ulcerated follicles were much enlarged and highly vascular. The rest of the intestinal canal presented nothing abnormal.

This was the only case he saw, until three weeks after, he learned that some pigs had died at the Clifton workhouse, of an intestinal fever, where he found that the subjects of the disease were a lot of ten young pigs recently bought in

Bristol Market. When first brought to the workhouse, they all appeared quite well; but, about a week afterward, more or less, two or three of their number began to show signs of illness. The disorder, however, did not attract much attention until, at feeding time one morning, one of the pigs was found lying dead in the stye. On minute examination, it was discovered that five or six of the remaining nine were already in various stages of the same complaint. Two days afterward, another pig died; and, before a week had passed, five more had perished. The disease followed in all an exactly similar course.

A better general idea of the malady cannot be given, than to say that, as far as outward signs go, it is the exact couterpart of typhoid fever in man; more rapid, indeed, and more deadly; but in all essentials singularly like to the human fever.

Thirst, loss of appetite, sudden loss of strength, great dulness, and an indisposition to move, were the first symptoms to challenge attention. From the peculiar fixed way in which the sick animals held their heads, the master of the workhouse had come to the conclusion that, in the first stage of the malady, they suffered severely from headache. These first symptoms were either attended or soon followed by profuse diarrhœa; the liquid ochre-colored stools presenting a striking resemblance to those which occur in the human fever. As death drew nigh, the bright yellow hue of the evacuations generally gave place to a dark olive, or to various shades of chocolate; this last tinge being due to a greater or less admixture of blood.

In the early stage there was in all great heat of skin; and the pulse continued to be frequent throughout. As the malady advanced, the tongue became dry; sordes collected about the nostrils; and the belly was more or less tympanitic. In some, a special loss of power, almost amounting to paralysis, befel the hinder extremities, in the latter stages of the comlpaint.

At the onset, the whole skin was said to be the seat of a bright-red exanthem—a characteristic which appears to have been long familiar to pork-butchers, and which, from the resemblance of the color to the military red, has earned for the malady the slang name of the "soldier."

In the most rapid case, death occurred as early as the fourth day after the first discovery of marked illness. Other subjects held on to the eighth, twelfth, sixteenth, and one to the twenty-sixth day. The total duration of the outbreak, counting from the seizure of the first to the death of the last pig, was rather over six weeks.

In six of the above cases Dr. Budd made more or less complete *post mortem* examinations, when he found that the first stage of the local affection appeared to be marked by the development (amid all the phenomena of acute inflammatory disturbance) in the substance of the mucous membrane, and in the submucous tissue, of an adventitious deposit (or cell-growth, rather,) resembling in many of its characters, the well known yellow matter of human typhoid fever.

The seat of this new formation is marked by circular or oval patches, varying in diameter from a quarter of an inch to two inches, which attract the eye by their striking contrast in color to the surrounding membrane, and by their standing in relief upon it. The tinge of these patches varies from brownish yellow, through chocolate, to deep violet.

In a more advanced stage, the corresponding mucous membrane is found fretted with numerous small ulcers, or has entirely disappeared over the whole extent of the morbid deposit, which then forms the base of the sore.

In some specimens, the ulcers now appear in the form of deep excavations. In the greater number, however, the ulcerative process is concurrent with an exuberant outgrowth of the new formation already described, and in such wise that the ulcerations present a series of more or less fungoid elevations on the surface of the mucous membrane. A similar tendency, but in slighter degree, is exhibited in certain cases of typhoid fever in man. The resulting changes, in fact, form the subject of one of Cruveilhier's most effective plates.

Dr. B. is but little acquainted with the disease aside from these cases, but feels confident of the following points:

1. That in single instances, occurring chiefly, as it would seem, in Irish pigs, the disease has been well known to pig-factors here for twenty years or more.

2. That, until within the last year or eighteen months, it has never been known to be epidemic in this neighborhood.

3. That since that date it has spread over a wide extent of country, and has caused a very large mortality.

4. That it is in the highest degree contagious.

5. That, like all the other contagious fevers, it sometimes springs up, nevertheless, in subjects that have never been in direct communication with others laboring under this disorder.

6. That in the homesteads in which it has been the most fatal, no other living inmate, whether man, bird, or beast, has suffered from it.

7. That, in many parts of the kingdom, the disease is still entirely unknown.

The chief point of interest is whether this disease in the pig be identical with the typhoid fever which afflicts our own race. Rightly interpreted, the writer believes that neither the natural history of the disease nor its morbid anatomy at all warrants such a surmise. To establish identity in a case like this, it is necessary not to show pathological resemblance merely, but that the germ of the one species of fever is capable of producing the other. Now, not only is there no proof of this in the case before us, but the whole evidence, as far as we yet know it, points the other way. The diseases are analogous, and this porcine fever bears the same relation to typhoid fever in man, that sheeps' small-pox does to human variola. It is chiefly in the fact that the same laws govern the propagation of the typhoid fever in pigs as govern it in man.

Malarious Fever.

Quinia may be given in scruple doses, whether there are head symptoms, delirium, coma, or pain in the liver; whether it be in the hot stage or

cold. Quinia is not only safe for all forms of malarious fever, but its certain cure; and in cases where there is danger to life, the earlier and the larger the doses of quinia which can be given to the patient, the better. Vomiting and full cinchonism should be the only checks for continuing it in full doses. (Dr. E. Hare, on Treatment of Malarious Fever.—*Braithwaite's Retrospect*, July, 1865.) L.

Fermenting Milk in Phthisis.

Dr. Schnepp, an inspector of mineral waters at Eaux Bonnes, belongs to a class of practitioners who by preference seek for their remedies from among general measures and dietetic objects rather than from amidst the stores of the chemist. His attention, says the *Med. Times*, was drawn to the great immunity from affections of the chest enjoyed by the nomadic tribes of Baschkirs and Kirghiz, who wander about the steppes of Eastern Russia, and attributed popularly among themselves to their great consumption of mare's milk while in the state of fermentation, and termed by them *kumis*. Although admitting, also, that the exposure to the free air enjoyed by these tribes and their almost exclusively animal diet may contribute to the immunity they enjoy, Dr. Schnepp has convinced himself that this abundant drinking of *kumis* plays no unimportant part in accomplishing the result, and he has determined to introduce an imitation of the practice. Of course, it can be only an imitation, as mare's milk in any quantity is not obtainable in France, and even that of asses, which M. Schnepp uses as substitute, is so expensive an article that he is obliged to dilute it with the milk of the cow. However, this may be immaterial, as the mare's milk was originally used merely from its abundance in the countries where this practice originated. But if M. Schnepp cannot give us the original article, he can at least coin a scientific name—*galazyme* or *galactozyme*, or milk in the state of fermentation. In his experiments, conducted by adding yeast or other ferment to asses milk, at a temperature of from 15° to 18° C., good fermentation was produced, small bullæ being disengaged from the surface, and a mild acidity, accompanied by a slightly vinous flavor, being developed. The milk retains its whiteness and fluidity, and may be thus kept in a state of fermentation during two or three days, or even for a longer period. It is administered as soon as the fermentation has become complete. But this would form a too expensive preparation for general use. and M. Schnepp undertook a long series of experiments with a mixture of cows' and asses' milk in different proportions, finding that two parts of the latter with one of the former submitted to a temperature of from 15° to 18° C, entered into fermentation in from ten to fifteen hours, and was fit for use after twenty or twenty-four hours. A pleasant homogeneous fluid results, disengaging a undance of gas, having the odor of new wine, and imparting a pleasant acidulous taste. The Baschkirs and Kirghiz, after feeling their way a little with the mare's milk, so as to obviate the slight diarrhœa it at first produces, drink it in enormous quantities, commencing at two bottles a day, and going on to seven or eight, and in many cases even fifteen or sixteen. It is only during the great heats of summer, the drinkers remaining the while exposed to the open air, that these vast quantities are drank, a medium quantity being, however, from eight to ten bottles. It is found that, in proportion as the air is dry and hot, a larger quantity may be taken, and proves more efficacious, while in cold and wet weather less can be taken and less benefit even in proportion is derived. M. Schnepp, however, contents himself with much smaller quantities for his patients, beginning with half a glass fasting, and another in the evening, and increasing it gradually, according to its effects, the heat and dryness of the air, and activity of the habits of the patient. In a few days as much as two bottles may be given, but he has not gone beyond the maximum of five bottles. While taking the *galazyme*, all other forms of milk diet, uncooked fruit, and acid or crude articles of food are prohibited, the patient taking his most solid meal at the middle of the day. As to the physiological effects of *kumis*, no accounts have been published, nor has the process of cure under its use been watched by practitioners. One fact, however, has struck every one living near or among the nomad tribes resorting to it, namely, the rapidity with which a condition of *embonpoint* is attained, three or four weeks sufficing to render a patient scarcely recognizable. It is to be supposed that patients treated with *galazyme* derive from it some powerful elements of nutrition which are not exclusively dependent on the fermentation, since the carbonic acid and alcohol derived from this are equally met with in English beer. Its first effect is to appease thirst and excite the appetite, and when too fresh it may give rise to the generation of wind and diarrhœa. If the fermentations be continued somewhat further, these inconveniences cease, and constipation usually supervenes. Under small doses the urine becomes clearer, more limpid, and larger in quantity, this increasing as the dose is raised. At first the pulse seems but little influenced, but after the dose of the milk has been raised, for some hours after this has been taken, it becomes slower, softer, and larger —and that in persons in whom all other articles of diet, of even a glass of new milk, give rise to acceleration of pulse. "Like the *kumis*, the *galazyme* gives rise to a peculiar kind of calm inebriety, attended at most with a little loquacity, and followed by somnolence or sleep, with a strong inclination to quietude of mind and body, and a marked indifference to everything."

Bloody Sweat in Hysteria.

Dr. Franque records in the *Med. Times* the particulars of one of those cases which are every now and then met with in women the subjects of nervous affections. In the present instance, the woman, 45 years of age, had suffered for several years from hysterical convulsions, although menstruating regularly. She had already had three attacks of bloody sweating, which had been preceded by more than ordinarily severe paroxysms of hysteria, when Dr. von Franque saw her during the occurrence of a fourth. On this occasion, most violent pains in various parts of the body had preceded the hysteric convulsion; and when

this last had continued for an hour an abundant sweat broke out over the entire surface of the body, and this in the parts of the body which had been the seat of the severe pains was colored red in consequence of the presence of true red blood-corpuscles. As the sweat appeared, the convulsions and pains gradually subsided. The skin was entirely intact, and the sudoriferous glands must have been the source of the blood.

Epilepsy.

Dr. Camps read a paper before the Harveian Society on this subject, in which he defined epilepsy as a convulsive disease, accompanied by loss of consciousness. This disease usually appears with very short warnings, and sometimes with none at all. The fit lasts from a few minutes up to half an hour. Again, in a form named the "petit mal," there is only momentary loss of sensation and thought. This latter form of the disease had occurred in the case of a physician, a friend of the author. In the opinion of some authors, the "petit mal" is never recovered from. There is often before the invasion of an epileptic seizure a peculiar cry observed, and recently he (Dr. Camps) had, whilst passing through a country town, heard such a cry, which he had immediately attributed to its accompainment, viz., a fit of epilepsy. Patients rarely die of the fit. Women, children, and weak persons are more frequently attacked by epilepsy than strong men; occasionally the disease is quite incurable; but we may hope that such cases may gradually be limited in number. The proximate cause of a fit resides in the nerves, and although pathological changes may be found after death, these are frequently mere coincidences. With regard to treatment of cases of epilepsy, we may sometimes prevent attacks coming on by tying ligatures on the limbs where we suppose the irritation to commence. Disturbed digestive functions may be the origin of the irritation, and epileptic fits may be produced by anything which irritates the nerve centres. Some patients are thrown into fits by the slightest thing, and in one case a needle placed on a female patient's hand caused fits. Any cause, indeed, disturbing either the body or mind, may give rise to an attack. We must then ascertain whether the disease is idiopathic or symptomatic in its character. If it be of the former class, the treatment must be chiefly hygienic. All things which cause fatigue or terror, or, in short, any unpleasantness, must as far as possible be avoided; and Celsus had indeed indicated long ago the correct principles of the treatment of such cases, and the diet and regimen they should be subjected to. The diet should be of the simplest character, and even articles like cheese and pastry might bring on an attack. Mince pies have been known to cause an attack. With respect to drugs, bromide of potassium and belladonna were the best, although sulphate and oxide of zinc used formerly to be much vaunted. Symptomatic epilepsy is more easily treated, and may often be cured. The cause of it may reside either in the intestines or in any part of the external or internal parts. There were no classes of cases of epilepsy so amenable to treatment as the syphilitic variety. In such cases iodide of potassium is the great remedy. Ganglionic epilepsy has also been spoken of. Summing up the whole of his paper, he (Dr. Camps) would say that we may reasonably expect a cure in epilepsy (1) when the primary cause is known and is removable; (2) when syphilis is the cause; (3) in the milder cases of idiopathic epilepsy.

Mr. Jakins had hoped that Dr. Camps would have given more hints as to the value of various drugs in epilepsy; but he had chiefly dwelt on hygienic means of treatment. This, he said, disappointed him. Spasm of the arteries of the brain was, be believed, the proximate cause of epilepsy. Irritation of the sexual organs was much benefited by bromide of potassium. A little female patient with fits had slept for years with her brother, and on being removed to another bed was much better.

Mr. Sedgwick thought that, in cases where the disease was hereditarily transmitted, there was little chance of doing much good by any remedies. It had been remarked that in the treatment of epilepsy all remedies did good *for a time;* and this probably took place by their action upon the imagination and *morale* of the patient. Bromide of potassium had been found to be very useful in treating certain cases, and he had found it to do much good in one case in a young married woman.

Dr. Broadbent thought the plan of treatment was to find out, if possible, a functional cause of epilepsy. He had frequently seen much relief from belladonna, and one remark he thought important was, that if we used belladonna *much* of it should be given. He had seen some cases recover under belladonna. Bromide of potassium was also of great service in many cases. In syphilitic cases of epilepsy he had seen a cure effected by means of iodide of potassium, and another from bromide of potassium. In the case of a boy with fits, he was much benefited by belladonna, and bromide of potassium had cured him. He was convinced of this fact.

Dr. Camps attached great importance to belladonna and bromide of potassium, but thought that rigid attention to diet was of the greatest importance of all. Hereditary cases were certainly the most unpromising, but if we cannot cure, we may often alleviate such cases by means of belladonna and bromide of potassium. The treatment of epilepsy was becoming less and less empirical.

Source of the Phosphates in Bone.

Large masses of phosphorus are, says Dr. Hoffman's Report, in the course of geological revolutions, extending over vast periods of time, restored from the organic regions of nature to the mineral kingdom by the slow process of fossilization; whereby vegetal tissues are gradually transformed into peat, lignite, and coal; and animal tissues are petrified into coprolites which in course of time yield crystalline apatite. After lying locked up and motionless in these forms for indefinite periods, phosphorus, by further geological movements, becomes again exposed to the action of its natural solvents, water and carbonic acid, and is thus restored to active service in the organisms of plants and lower animals, through

which it passes, to complete the mighty cycle of its movements into the blood and tissues of the human frame. While circulating thus, age after age, through the three kingdoms of nature, phosphorus is never for a moment free. It is throughout retained in combination with oxygen, and with the earthy or alkaline metals for which its attraction is intense.—*Report on Chemical Products in Exhibition of* 1862.

Abuse of Alcohol.

In a paper communicated to the French Academy of Medicine by M. Lancereaux, on the changes produced by the abuse of alcohol, he observes that, since 1858, he had been engaged in tracing out the specific anatomical characters due to the action of certain agents. Last year, he did this with regard to the poison of syphilis, and now he gives the result of his investigations on alcohol. Accidental or acute alcoholism is found connected with special forms of ordinary affections. Thus, Tardieu has referred to its agency certain cases of hemorrhage of the membranes and ventricles of the brain and of the lungs; and some of the inflammations with rapid suppuration of the lungs and liver, and more rarely of the brain, derive their rapidly fatal character from the absorption of too much alcohol. But it is to lesions connected with prolonged abuse of this fluid that M. Lancereaux especially directs attention, and these he thinks may be conveniently considered under two principal heads. In one of these the organic connective tissue is principally concerned, giving rise to affections analogous to the adhesive inflammation of Hunter; and in the other, special modifications of the functionary element are produced, giving rise to lesions generally known as fatty degeneration.

The first of these alterations spares but few organs, invading the recesses of the parenchyma, or developing itself on the surface of the membranes; but the liver, brain, kidneys, and serous membranes, are the portions of the frame especially attacked. The liver may be taken as the model organ for exhibiting its effects, and the changes operated in it have been characterized by the English writers under the term cirrhosis. In thirty-five cases, M. Lancereaux has always observed precisely the same characters, differing only in their degree of evolution. A very analogous alteration is observed in the brain, this organ diminishing gradually in size, the convolutions undergoing atrophy, especially at the upper portion of the hemisphere, the brain also becoming colorless, and acquiring a firmer consistence. The arachnoid and pia mater are usually at the same time infiltrated, thickened, and strewed with whitish points or plates. The kidneys sometimes exhibit a condition analogous to that of the liver; but M. Lancereaux has not observed the condition of chronic pneumonia described by Huss. The mucous membranes of the stomach and cæcum are especially characterized by injection and hemorrhagic punctuation, appearances also observed in the bronchial and especially the laryngeal mucous membrane. Finally, the coats of the vessels which especially come in contact with the products of absorption exhibit deposits capable of contracting or even obliterating their cavities. This is the case with the vena portæ and the pulmonary artery.

The alterations of the second class are characterized by the presence of fatty degeneration; and here, too, the liver is especially the organ affected, assuming an augmented size, but in its antero-posterior direction, which gives it a cubic form distinctive from other forms of fatty degeneration. The kidneys, pancreas, the salivary and gastric glands, the bronchial epithelium, and even the spermatic canals, may all exhibit this degeneration; the muscular fibre, bones, and cartilages participating in the change. The relative frequency of the two orders of alterations is not constant: for while fatty degeneration may be said to be constant in certain organs, as the liver, chronic adhesive inflammation has only been met with thirty-five times in 130 cases; but one point is observable, that while adhesive inflammations have for the most part been observed in persons pursuing laborious callings, fatty degeneration has almost always been met with in the sedentary. With respect to the mode of production of these different lesions, it may be suggested that the adhesive inflammations are due to the more direct action of the alcohol on the tissues, the effect of which is not very different from that produced by the injection of alcoholic fluids into the tunica vaginalis. The chief seats of the lesion would seem to support this view, since the organs which are most directly influenced, as the vena portæ, liver, and pulmonary artery, are also those which are oftenest attacked. The fatty degeneration would seem to be dependent on the impaired nutrition, itself connected with the diminution of the exhalation of carbonic acid.

"An important point to be noticed is the resemblance which this latter alteration bears to that consequent on the progress of age. In the drunkard, as well as in the aged, we have progress atrophy of the brain, increase of the cerebro-spinal fluid, fatty degeneration of the minute vessels, of the substance of the heart, and of most of the anatomical elements, dilatation of the pulmonary vesicles, ossification of the costal cartilages, and a substitution of fatty for osseous substance. So close is this resemblance, that it may be stated without exaggeration that, in the majority of cases, alcoholism produces an anticipated senility. What is true in physiology holds good also in pathology; for in the course of most diseases, and especially of acute diseases, there are exhibited in the drunkard and the aged person but few differences in the mode of action of the nervous system and in the power of the economy. —*Medical Circular.*

Climacteric Insanity in Women.

The following summary of statistics is presented in the *Edinburgh Medical Journal*, in reference to this species of insanity, by Dr. Skae, physician to the borough asylum of Birmingham:

"1. The symptoms of insanity occurring at the climacteric period in women, are so uniform, characteristic, and peculiar, as to render it easily recognizable, and entitle it to be referred to a

distinct natural group or family, which may be distinguished as climacteric mania or insanity. 2. This is one of the most curable forms of insanity accompanied by melancholia. 3. The duration of the insanity in curable cases rarely exceeds from three to six months. 4. This form of insanity, apart from suicide and organic disease, rarely tends to a fatal termination. 5. The most important indications of treatment are, the early removal from associations and friends, careful watching, nutritious diet, and the judicious administration of narcotics."

Pleuro-Pneumonia.

From the *Australian Med. Jour.* we learn that Mr. Thomas S. Ralph read a paper before the Medical Society of Victoria, with the following title:

On the parasitic nature of the disease in cattle termed Pleuro-pneumonia, and the probable relation of some obscure diseases of the human economy: (i. e., Amyloid Degenerations and Cancerous Deposits,) to parasitic origin.

When the blood of animals affected with pleuro-pneumonia was first subjected to microscopical examination, it was found to present abnormal appearances; the lung tissue was found to exhibit "stearine bodies" and "saccules," their occurrence could not be referred to or connected with the usual products of inflammation; the former were observed to undergo change by keeping in glycerine, the latter were also encountered in the lungs of a fœtal calf, the mother suffering from pleuro-pneumonia.

The occurrence of several cases of pleuro-pneumonia presenting cysts in the lungs and liver, and some of their contents showing great similarity to "saccules," led to the suspicion that saccules and stearine bodies might have originated from cysts.

Mr. Ralph states that he found that out of nineteen cases of pleuro-pneumonia, distoma (fluke) was found nine times; fourteen out of the same number (nineteen) had cysts either in the liver or lungs, or in both; seventeen therefore out of the nineteen giving evidence of parasitism in one form or another; ova found in one lung cyst; that organisms referable to germ cells in the fluke are to be found in the blood of diseased animals, as well as plastic amorphous amyloid bodies; organisms like these last having been also recognized in the lung tissue, and muscular tissue, and cysts. Placing these facts together, and finding also a considerable amyloid reaction can be obtained in the several organisms, and in the organisms in the blood, it becomes highly probable that such amyloid condition is one of an abnormal kind in the animal economy; and when we reflect on the observations of others which point to the presence of amyloid deposits in organs remote from the liver, and likely to have been secondarily affected to the lungs or liver, (the latter of which generally appears to have been subjected to a prior disturbance,) we may fairly infer that some weight is to be attached to the discovery of amyloid reaction in connection with distoma as a parasite, and have good reason to endeavor to trace back amyloid deposits in the human subject to some previous parasitic invasion, most probably in relation to the liver; and may not such extensive conditions of degeneration be regarded as the result of an effort in the system to exclude from it a noxious element, but without avail; while some cutaneous disorders may be actions of a similar kind, and perhaps afford a more successful issue to the efforts of nature.

The term contagious can hardly be applied to this disease (pleuro-pneumonia), as we are not yet acquainted with the mode in which it is communicated. The term contagion should include a necessity for contact or something equivalent to it. It is probable a diseased animal may get rid of some parasitic element which may eventually gain access to another animal without actual contact; hence we had better consider the disease a communicable one, without assigning to it a more precise term at present.

In a case of hydatid cyst brought before the notice of the Medical Society, by Dr. Tracy, at the last meeting, Mr. Ralph detected chemical reaction by iodine in most of the amorphous bodies which are to be seen in the curdy mass contained in the cyst; thus proving its chemical relationship to the cysts found in the cases alluded to in pleuro-pneumonia, and proving that it also possesses an amyloid character to some extent.

The President, Dr. Martin, expressed himself highly gratified with Mr. Ralph's paper. It suggested a field of inquiry in which valuable practical information might be found concerning the agencies of causation of a large class of diseases that were extremely obscure, notwithstanding the great advance that had of late years been made in the study of pathology. Many instances of inflammatory action occurring without obvious causes might be found to be due to parasites. He referred to a case related by Dr. Girdler, in which extensive inflammation of the lung and pleura had been traced to the existence of a hydatid cyst in the lung.

Mr. Girdlestone thought more might be said as to how the parasites gained admission into the system. He wished also to have clearer information as to the mode in which the amyloid bodies passed from the blood into the fluke, and from the fluke into the blood. The conclusions respecting the transmission of the amyloid bodies into the blood were, as it seemed to him, quite theoretical. The report of the pleuro-pneumonia commission had been to the effect that parasites were not constantly found in the diseased tissues of cattle that had died of this affection.

Dr. Bleasdale would suggest to Mr. Ralph not to rely too strongly upon the reaction obtained by iodine. Sulphuric acid and other reagents might distinguish these bodies into a class by themselves. He anticipated important results from the use of magenta in microscopical researches, and he would commend it to Mr. Ralph as likely to aid him not inconsiderably in his investigations.

Mr. Ralph referred to the diagrams by which his present paper was illustrated, in which the amyloid bodies found in the blood were clearly

indicated. There was no more difficulty for the ova of parasites than for bile to pass into the blood. Andral had found hydatids in the pulmonary veins without the aid of the microscope. Dr. Budd had given confirmatory testimony on this point. In the evidence quoted in the report it had been shown that, in seventeen out of nineteen examples, parasites had been found. He had not recorded the results he himself had obtained, until he had confirmed them by repeated experiments.

On the motion of Dr. Neild, seconded by Dr. Black, the thanks of the Society were accorded to Mr. Ralph.

Pathology of Hydrophobia.

In a course of lectures in the *Dublin Med. Press* on hydrophobia, by Dr. T. C. Shinkwin, from the manuscript notes of the late Dr. T. S. Holland, of Cork, the following conclusions are given in reference to this disease: 1. No one of the morbid appearances that are stated to have occurred in autopsies made on persons who died of hydrophobia, nor all taken collectively, could produce the symptoms essential to that disease, and that it presents phenomena for which none of these pathological changes can account. 2. Hydrophobia can proceed to a fatal termination without leaving in the dead body any trace of diseased change. 3. All the pathological appearances hitherto recorded must be considered as secondary or accidental lesions, to none of which can be assigned the place of *the proximate cause*, which is still unknown. 4. From a consideration of the sudden, interrupted, intense, and rapidly fatal character of the symptoms, it appears highly probable that as the blood is the most generally diffused and rapidly circulating medium, it is the receiver of and agent through which the nervous system is acted on by the poison, and excited by it to produce the symptoms characteristic of hydrophobia. 5. Presuming the correctness of the last conclusion, it follows from it that treatment should be directed to remove the altered condition of the blood, and that attention should in all future autopsies be directed to discover the physical, chemical, and microscopical changes occurring in it and in the nervous system. 6. If it be necessary to give this disease a nosological order, it should be placed among a series of affections that may be included under the general term of toxo-sanguineo-nervous diseases.

The Thyroid Gland.

During a lecture, recently published in the *Dublin Med. Press*, by Mr. Arthur W. Foot, upon the Thyroid Gland, the following opinions were given as to its function. It acts as a diverticulum to the cerebral circulation, exercising its secretory function alternately with the brain. (Simon.) There is a direct relation existing between this gland and the utero-ovarian function. Ninety per cent. of goitre, or the enlargement of this gland, occurs in women, and its periodical turgescence during menstruation and pregnancy suggested a connection between the sexual apparatus and this gland. (Sir Charles Laycock.) Acute inflammation of this gland sometimes follows the sudden subsidence of orchitis. (Eulenberg.) Mr. Foot says, that in countries where goitre and cretinism are endemic, there are two classes of cretins, the goiterous and ungoiterous; in the former the sexual organs are monstrously developed, while in the ungoiterous, there are no marks of sexual maturity. In lower animals, as mules, where sterility is a well-known fact, it will be found in these countries that they are frequently affected with thyroid swellings. To the spinal marrow, situated between the sixth cervical and the fourth dorsal vertebræ, Budge assigns the function of a centre for the cervical portion of the sympathetic nerve (centum cilio-spinale,) presiding over the influence of the sympathetic nerve on the movements of the iris and the bloodvessels of the head. Derangement of this centre, primarily or indirectly through changes beginning in the thyroid gland, and secondarily affecting this centre, appears to produce that derangement of the vaso-motor nerves of the head, producing the violent palpitations and turgescence of the capillaries of the face, scalp, etc., etc., with exophthalmia and bronchocell, the investigation of which disease is so intimately connected with the names of Graves and Stokes.

Fluctuating Tumor of the Hip caused by Parasitic Animals.

The *Brit. Med. Jour.* brings the report of a case as above, by Wm. Hendry, M. R. C. S., of Hull. The patient, a young lady, aged 21, has noticed from 10 years of age, the left hip and thigh to be weak and occasionally painful. Symptoms increased during last winter, a rapidly increasing swelling making its appearance on the affected hip. Movements impeded and painful, causing awkwardness of gait, and preventing any extended walk. Swelling, during the latter part of May and beginning of June, (1865,) has become much extended and diffuse.

Drs. Hendry and King saw the case on June 8th. Fluctuation in the tumor was accompanied by a peculiar crepitus, resembling that perceived in bursal enlargements. Though the skin was not at all inflamed, the tumor is more painful than is common in ordinary superficial chronic abscesses.

The tumor was punctured, and a pint and a half of semi-opaque, yellowish fluid discharged—the cyst even then not being completely emptied.

Microscopic examination demonstrated the existence of innumerable hooklets of echinococci in the liquid drawn off. Every drop, under the four tenths or one-fourth of an inch object-glass, showed abundantly the presence of these parasitical formations. The parasite itself was not obtained entire; but various portions were viewed in a greater or less degree of decomposition. Along with the debris of echinococci were observed minute cubic crystals of chloride of sodium and cholesterine.

The case, as remarked by Dr. Hendry, is interesting, as showing the voluntary muscles to be liable to the incursion of these parasites, as well as the brain, liver, and other organs. L.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 2, 1865.

THE BRITISH MEDICAL ASSOCIATION.

The above Association, which seems to hold the same relation to the profession of England that the American Medical Association does to that of this country, held its thirty-third annual meeting in the town of Leamington, on August 1st to 4th inclusive. Leamington is a celebrated watering-place in the central part of England, not a great way from Birmingham, and two miles east of the ancient town of Warwick. Its springs are saline, containing sulphate of soda, and chlorides of sodium, calcium and magnesium. It is very accessible from all parts of the United Kingdom, and a popular and exceedingly pleasant place of resort. It is a question whether the policy of occasionally meeting at some of our watering-places would not be a good one for the American Medical Association. Saratoga, Newport, Cape May, Old Point Comfort, the White Sulphur Springs of Virginia, and of Ohio, Lookout Mountain, and other places that might be named, would afford an agreeable variety to the present plan of meeting exclusively in large cities.

There was an attendance of 234 delegates, out of a membership of 2,368—a small attendance compared with ours, though we presume that there is, as there should be, a more limited representation than obtains among us.

It is observable that among our British brethren the Presidency of the Association seems to be accorded, without dispute, to the place of holding the meeting. Thus, in 1864 the Association met in Cambridge, and Dr. G. E. Paget was the President, who, at Leamington, after opening the meeting, retired in favor of Dr. Samuel J. Jeaffreson of that place, who in turn next year, when the Association meets by invitation at Chester, will retire in favor of Dr. Edward Waters, of that place.

After the formalities of the retiring of the old President and the induction of the new, together with the reading of his address, the report of "Council" was made. This body has the general business management of the affairs of the Association, which it reports to be, in every respect, in a prosperous condition. They report that during the year 30 members died, 65 resigned, and the names of 70 were erased for the non-payment of arrears. During the year 133 new members were added.

Instead of, as with us, publishing its proceedings in a separate volume, the British Association publishes a weekly periodical—*The British Medical Journal*—an ably conducted enterprise, creditable to the profession of Great Britain. The financial statement of the Council seems to have chief reference to the expenses of this periodical. The receipts in 1864 were—

	£	s.	d.
For subscriptions, ...	2,501	2	0
" advertisements and sales,	633	16	6
	£3,135	13	6

The expenditures were (almost entirely on account of the *Journal*) £2890 16 9½, leaving a balance in favor of the Association of £243 16 8½—a very good financial showing. The subscription to the *Journal* to members is £1 1, to non-members £1 6.

Among the items of business reported on by the Council, is, that steps were in propress to secure from Government a Charter of Incorporation for the Association, which would cost about £300. The subject was discussed subsequently at considerable length, the objections urged against the charter being principally on financial grounds. It was, however, unanimously decided to continue the effort to procure the charter at as early a day as practicable.

The first report of the "Medical Provident Society" was made. This elicited a good deal of discussion subsequently, there being considerable opposition to the society manifested. It was, however, sustained by a strong vote. This and "The Medical Benevolent Fund," appear to be medical beneficial societies in connection with the Association.

The Council reported the voting of the "Hastings Prize Medal" to Dr. D. Herbert Barker, of Bedford, for his essay on Hygiene. Sir Thomas Hastings, the founder of this Prize, seems to hold the relation to the British Medical Association that Dr. N. S. Davis does to the American Medical Association, being its originator and most enthusiastic supporter. We observe that great deference was paid to his opinions and advice.

In examining the proceedings of the meetings of British medical societies, and in reading the editorials and communications in their medical journals, one is struck with the prominent place held in British medical politics by the relations of medical men to the poor-laws of the country. There is a far larger class of poor in Great Britain who are unable to pay doctor's bills than in this country, and how to make provision for them in sickness as well as in health, at the cheapest pos-

sible rate, is a problem that the poor-law commissioners are called upon to solve. Hence inadequate provision is made for remunerating medical men for their services to them. As a consequence, this subject occupies much space in the journals, and much time in the medical societies of Great Britain. A committee was appointed, a part of whose duty was to insure just remuneration to Poor-law medical officers.

An effort was made to cut the Association loose from its representative organ, the British Medical Journal. Mr. Robert B. Carter, of Stroud, took the lead in opposition to the Journal, but his arguments were puerile, and only seemed to have the effect of showing that he was actuated by some private grudge, and to bring the friends of the enterprise to the rescue, and the following declaration was passed, unanimously—or rather, we suppose, none dissenting—"That it is inexpedient to disturb the existing arrangements with regard to the Journal—(*a*) because Dr. Markham [the editor] has proved himself quite equal to the responsibilities devolving upon him; (*b*) because the tone and management have gone on improving; and that general support and sympathy from the members of the Association, especially those connected with the public medical and surgical institutions of the kingdom, are alone wanted to make the Journal an organ suited to carry out the principles upon which the Association is founded." A small balance of about eight pounds against the Association last year, was the point on which the opponents of the Journal rallied, but unfortunately for them there was a balance in favor of the Association this year of about two hundred and forty-four pounds, with a good prospect of its increasing considerably during the year. Whatever real ground there may be of complaint against the Journal the profession itself is responsible for. Let them rally to its support, and furnish Dr. Markham with the means, and they will have no occasion to complain of it as a literary enterprise. Its present income represents, we should judge, a list of about two thousand subscribers. The Association numbers nearly 2500 members; let them all support the Journal by their subscriptions, influence and pens, and there would be no room for invidious comparisons with other journals. But while we say this much for the Journal, we must admit that we have not much confidence in the association principle in the management of such an enterprise. It would be more efficient and useful in private hands, in our opinion.

Entertainments to the delegates formed a marked feature of the sessions of the Association, as it does in our own Association. Of these, there seem to have been three: a "*soirée*" on Wednesday evening, in a public hall, which seems to have been given by the profession of Leamington; a public "*déjeûner*" given in a spacious marquée, erected in the Jephson Gardens, this compliment was paid by the inhabitants of Leamington, and, lastly, the President's "*conversazione*," also given in a public hall, given by the President of the Society, Dr. Jeaffreson. We notice that at these entertainments opportunity was afforded for the exhibition of instruments, surgical apparatus, microscopes, medicines, etc., and the walls were decorated with portraits, autographs, and medals of medical celebrities, and there was quite a large collection of medical curiosities, some of them very ancient. These were contributed for the occasion by inhabitants, and some of them were brought from a distance. These re-unions seem to have been very pleasant affairs; toasts, speeches, and pleasantries being in order. Fireworks and illuminations constituted a part of the entertainment given by the inhabitants of Leamington. Ladies are spoken of as having taken part in the entertainments.

In our next we will speak of the addresses, papers, discussions, etc., that the meeting called forth.

Notes and Comments.

Literary Weeklies.

One of the great literary wants of our country has been a class of weekly papers of a high order, devoted to general literature, news, and other interesting topics of the day. Just before the war commenced, and about that time, several attempts were made to initiate such enterprises, but the high prices that prevailed during the war compelled a discontinuance of the papers. Since the return of peace, two of the papers that had been discontinued have been revived, viz., *The Saturday Press* and *The Round Table*. They were both very acceptable and well-conducted, and we hope they may now be successful. In addition to these, there are other candidates for public favor, viz., *The Nation*, *The Citizen*, and *the New York Review*. There may be others, but those named are all that have fallen under our notice. Of these, *The Nation* is a new enterprise, and has all the elements necessary to secure success. The numbers that have issued are very creditable, both in their contents, typography, and general getting up, with a single exception, that is

the mingling up of advertisements with the reading matter. We are surprised at this lack of good taste and judgment, and hope it will be speedily corrected. For a literary weekly, we heartily recommend the *Nation*. Mr. Joseph H. Richards is the publisher, and it numbers among its contributors some of the best writers of the country. *The Citizen* is a continuation of the journal of the Citizen's Association of New York, and is intended, among other things, to subserve the interests of sanitary reform in that city. It is a sprightly, slashing sheet, with Charles G. Halpine, Esq., as proprietor and chief editor.

We have not had the opportunity of closely examining the *Review*, and the *Saturday Press*, and may speak of them again. The prospectus of the *Round Table* has been published, but the first number of the new paper has not, we believe, issued yet. It was, when before published, an excellent paper, and we shall look for an improvement, rather than a degeneration.

All the above papers are published in New York. It is a pity that so many have been started, as there is danger of their interfering with each other. The interest the medical profession takes in literary enterprises justifies this reference to a new direction that has of late been given to literary effort in this country. Weekly papers of the character commented on have been very successful in England, and they should be here.

News and Miscellany.

Statistics of Insanity.

Dr. H. G. Stewart, of the Crichton Royal Institution, Dumfries, presents in the *Journal of Mental Science*, the following statistics as obtained by him from the insane of the above institution:

I. *Sex.* There were 16 per cent. more males than females under treatment. 2. The females recover more readily than the males. 3. The number of deaths in each sex is nearly equal.

II. *Domestic Condition.* 1. Most of the patients were single. 2. The highest proportion of recoveries was among the married, the next among the single, and the lowest among the widowed. 3. The smallest proportion of deaths was among the married, a higher among the single, and the highest among the widowed. 4. The married with offspring had a much greater chance of recovery, and a much less chance of death than the married without offspring.

III. *Education.* 1. Those having a superior education recover less frequently than those whose minds are not so highly cultivated. 2. Those having moderate and indifferent educations have the best chance of recovery. 3. The highest mortality occurs among those whose education is indifferent.

IV. *Occupation.* 1. Members of the learned professions have much less chance of recovery than men in any other occupation. 2. Artisans have the largest proportion of recoveries among them, proprietors next, commercial men next, and architects, engineers, etc., next. 3. Death is more frequent among the members of the professions, and less so among the other classes. 4. Among the females, the fewest recoveries are among the affluent class, and the greatest in the commercial and artisan class. 5. The deaths among females are more frequent in the artisan and affluent than in the commercial class.

V. *Cause.* 1. The ascribed cause of insanity is much more frequently physical than moral. 2. Moral causes are more frequent among the females than the males. 3. Moral causes, both among males and females, produce an insanity more easily curable than physical causes. 4. Death in both sexes occurs more frequently among cases of mental disease produced by moral than by physical causes. 5. One-half of the cases were hereditary; and 12 per cent. of them were ascribed entirely to hereditary transmission. The cases produced by easily removable causes are the most curable.

VI. *Age at which the Insanity first appeared.* 1. The greatest number of first attacks occur between the ages of 20 and 30 years. 2. The highest percentages of recoveries occur in those attacked at the climacteric period; namely, between the ages of 10 and 20, and 40 and 50 years, 3. The recoveries are next most frequent in those first attacked between 20 and 30; and as life advances (with the exception of those in the disorder mentioned in the preceding paragraph), the chances of recovery diminish. 4. The percentage of death is higher the greater the ages at the first appearance of the insanity.

VII. *Number of Attacks.* 1. 66 per cent. of the cases admitted are first, 15 per cent. second, 7 per cent. third, and 9 per cent. frequent attacks. 2. By far the lowest proportion of recoveries takes place in those that suffer from the first attack; and those having a second or frequent attacks recover in a much higher proportion. 3. The proportion of deaths is higher in the first, and generally lower in the frequent attacks.

VIII. *Duration of Attack prior to Admission.* 1. The earlier the patient is placed under treatment, the greater is his chance of recovery. 2. The number of deaths is fewer in those admitted soon after the appearance of insanity, than in those in which the disease has existed for longer periods.

IX. *Bodily Health.* 1. Nearly one-half of the cases had good bodily health; in 31 per cent. it was indifferent; and in 18 per cent. it was bad. 2. The recoveries were high among those having good; but highest in those having indifferent; and lowest in those having bad health. 3. The deaths were lowest in the first class, intermediate in the second, and highest in the third.

X. *Age on Admission.* 1. The greatest number of patients admitted are between the ages of 20 and 50. 2. Most recoveries take place in those whose age is between 15 and 20, and 45 and 55,

the two climacteric periods. (see heading VI.) 3. The proportion of deaths steadily increases in proportion to age.

XI. *Form of Mental Disorder.* 1. Mania was the most frequent form of mental alienation; next melancholia, next monomania, and next dementia. 2. After dipsomania, melancholia was the most curable, and after it mania and monomania. 3. The deaths were most frequent in fatuity and dementia, less so in monomania; and in mania and melancholia they were in the lowest proportion.

XII. *Duration of Attack.* 1. The greatest number of attacks of mental disease last for less than one year. 2. The longer the attack the fewer the recoveries. 3. The longer the attack the greater become the proportion of deaths.

XIII. *Duration of Residence in the Asylum.* 1. The mass of cases remain less than one year in the Asylum. 2. Such cases are the most curable. 3. More than one-half of those cases that remain only for a month die; and in those remaining six months the mortality reaches its minimum, and thereafter, in the longer periods of residence, on the whole, increasing.

Vocalization.

A very useful article has recently appeared in the *Philosophical Magazine*, written by Mr. J. Bishop, F.R.S., proving how necessary it is, not only that the pitch of the tuning-fork should be uniform, but that it should be conformable to the structure and functions of the human voice. The greater portion of our best music, including the works of Handel, Mozart, and Beethoven, was composed at a period when the tuning-fork made about 512 vibrations for C; but about half a century since, there arrived in this country German performers on wind instruments whose pitch was much more acute, and an erroneous opinion soon prevailed that the tones of wind instruments were improved by this higher pitch. Unfortunately the Philharmonic Society and the orchestral departments of the theatres fell in with this delusion—the Philharmonic adopting one pitch, the Opera another; and at length almost every maker of musical instruments chose his own pitch; thus has arisen the well known difficulty of getting together performers on even two or three instruments in perfect unison with each other, and also that of the singers themselves not knowing whether the music is or is not within the compass of their voice. In this state of uncertainty the Society of Arts appointed a committee to investigate the subject; and their recommendation was, that 528 vibrations be adopted for C, instead of 512—this being about a semitone higher than that in use in the time of Handel. The effect of this alteration in the fundamental pitch has been very important. The piano forte makers have been obliged to shorten their strings, the organ builders their pipes, and the flute makers to cut off a portion of their tubes; but as Nature has made no corresponding change in the length of the cords of the vocal organs, and in order to diminish the evils which the present pitch has inflicted on the human voice, very many of Handel's and Mozart's popular songs have been transposed by Callcott and others into lower keys, so as to bring them as nearly as possible to that pitch sanctioned and used by the composers themselves. Now, although this transposition can be easily effected in short pieces of music, yet no one would think of changing the key of a whole oratorio or mass, and consequently many choral performers can no longer join in the execution of these celebrated productions. It appears that even Madam Goldschmidt herself, with her extended range, has complained of the strain which the change of pitch at the opera produced in her vocal organs. Moreover, it is well known that the tones at the extreme limits of phonation are never so pure in quality, or so agreeable to listen to, as the notes within these limits; and when the vocal cords are unduly strained they do not easily regain their elasticity, and both the melody and the range become seriously impaired. Many a fine voice has been thus ruined. Nor is this all; the effort and strain to produce some of the higher tones has not only given rise to spitting of blood, but has been known even to produce apoplexy. Sir John Herschel strongly protested against the decision of the committee of the Society of Arts, and Mr. Bishop as forcibly urges the reduction of the pitch of C to its former limit of 512 vibrations; he also contends that the pitch of all musical instruments intended to accompany the human voice should be made *subordinate* to the anatomical and physical structure of the human vocal organs.—*Lancet.*

An incident in the French Academy of Medicine.

A somewhat amusing incident took place lately at the Academy of Medicine in the discussion on aphasia. Prof. Bouillaud, in his ardent conviction that the faculty of speech must be localized in the anterior lobes of the brain, offered a long time ago a prize of 500f. to any one who would prove that that portion of the brain may be injured without causing any alteration in the power of speech. At the meeting, M. Velpeau, who was not expected to speak, got up and quietly declared to M. Bouillaud that he had won the prize. He then proceeded to give the details of a case which had fallen under his notice at La Charité, and which he announced as conclusive. The fact itself, and particularly the humorous way in which it was presented, of course disagreeably surprised M. Bouillaud, who manifested his ill-humor by some expressions which M. Velpeau declared to be unparliamentary. This was followed by an exchange of *aigre doux* compliments and witty hits, to the great amusement of the gallery. But M. Bouillaud soon recovered his usual equanimity, and closed the incident by asking the Academy to appoint a committee to judge whether the prize had been legitimately won or not.

Natural Selection.

Mr. Wallace, the English naturalist, in a paper recently read before the Anthropological Society, arrives at the following conclusions, which help to account for the variation and transmutation of species: (1.) Peculiarities of every kind are more or less hereditary. (2.) The offspring of every animal vary more or less in all parts of their organization. (3.) The universe in which

these animals live is not absolutely invariable. (4.) The animals in any country (those at least which are not dying out) must at each successive period be brought into harmony with the surrounding conditions. These are all the elements required for change of form and structure in animals, keeping exact pace with changes of whatever nature in the surrounding universe. Such changes must be slow, for the changes in the universe must be very slow; but just as these slow changes become important, when we look at results after long periods of action, as we do when we perceive the alterations of the earth's surface during geological epochs: so the parallel changes in animal form become more and more striking, according as the time they have been going on is great, as we see when we compare our living animals with those which we disentomb from each successively older geological formation.—*Annual of Sci. Discovery.*

International Sanitary Regulations.

An international agreement was signed at Geneva on the 22d of August, 1864, and ratified at Berne on the 22d of June last, by the representatives of France, Baden, Belgium, Denmark, Spain, Italy, the Netherlands, Prussia, and Switzerland. The preamble sets forth the desire of the powers in convention to mitigate, as far as may be, the evils inseparable from war, to suppress useless rigors, and to ameliorate the lot of wounded soldiers on the field of battle. Ten articles follow, guaranteeing the neutrality of military hospitals and ambulances, so long as they contain either sick or wounded, and remain unguarded by a military force; also, of all those persons legitimately connected with them during the exercise of their functions. In case of occupation by the enemy, these persons may continue to discharge their duty under neutral protection, or may rejoin the forces to which they belong, at their option. If they prefer the latter course, they shall be forwarded to the enemy's outposts by the army of occupation. The property of hospitals remains subject to the laws of war, but those who withdraw from them shall retain their private property. Ambulances will be entirely released. The inhabitants of the country who shall bear succor to the wounded shall be respected as neutrals, and shall be so forewarned by the generals on either side; and whatever house receives a wounded soldier shall have in him a safeguard, nor shall any troops be quartered upon it, nor any war-tax exacted of it. The sick and wounded shall be collected and cared for without regard to their nationality, and commanders-in-chief may forward to the enemy's outposts his wounded during the conflict, when circumstances permit and both parties consent. Those who, upon recovery, are found to be incapable of service shall be returned to their country, and the remainder on condition that they will not take up arms while the war lasts. Evacuations, and the persons directing them, shall be covered by an absolute neutrality. A distinctive and uniform flag shall be adopted for hospitals, ambulances, and evacuations, to be accompanied in all cases by the national standard. An armlet will also be admissible to protect the neutrality of persons, but the bestowal of it shall be left to the military authorities. The flag and armlet will bear a red cross on a white field. The details of the execution of this agreement shall be left to the commanders of the belligerents, subject to the instructions of their respective governments. Other powers are invited to join those who have already contracted. Great Britain, Sweden and Norway, Greece, and the Duchy of Mecklenburg-Schwerin, have already signified officially their adhesion. Portugal, Hesse, and Wirtemberg only await certain necessary formalities before following suit. No doubt our own country will make haste to do the same. The Government acted constantly throughout the war in the spirit of this beneficent agreement.—*The Nation.*

Absinthe.

This liquor, on the pernicious qualities of which so much has been said, has at length found an advocate in Dr. Deschamps, of Avallon, who, in a paper addressed to the Paris Academy of Sciences, scientifically examines the numerous charges brought against it. Dr. Deschamps has analyzed several absinthes, that of Switzerland, that of Lyons, that of Avallon, and six different kinds bought at various wine shops, and it appears from his researches that this compound does not contain any really dangerous ingredients. He says:

"Absinthe is an alcoholate, colored with the juice of spinach, nettles, etc., but the plant called *absinth*, or wormwood, is never used for this purpose. Indigo and turmeric, which have sometimes been employed to color it, are utterly innocuous. The traces of copper sometimes found in it can only be attributed to the action of the liquid on the brass stop-cocks fixed to the barrels, or else to the vessels used by some dealers and manufacturers, but not to the introduction of sulphate of copper into the liquid. There is no absinthe or copper in it, nor could it have any injurious effect on the constitution. The action which this liquor exercises on ordinary drinkers can only be attributed to the alcohol it contains, and under equal circumstances it does not cause more intoxication than other alcoholic drinks. The heat which the absinthe-drinker feels on the mucous membrane of the stomach is due to the instantaneous action of the alcohol which the liquor contains; and if the individual is not immediately intoxicated, it is because the absorption is retarded by that very action.

"A glass of absinthe taken casually can exercise no pernicious influence on the mental state of the drinker. The real danger it offers lies in its sugary taste, which is due to the essence of aniseed and illicium which it contains, and does not leave behind it that disagreeable pastry sensation peculiar to liquids containing sugar. It has also the property of provoking agreeable eructations, which induce the drinker to return to the wine-shop keeper. He who has the power to resist the temptation, and only to take one glass of absinthe per day, is not more exposed to danger than if he were to drink other alcoholic

liquors. The fatal effects noticed in the case of the lovers of this drink cannot in any way be attributed to *absinth* (wormwood), since absinthe does not contain any; and it is very easy to account for the brutalizing effects of the latter when it is considered that he who drinks twenty or thirty glasses of it places himself under the influence of six hundred or nine hundred cubic centimetres of alcohol of from sixty-five to sixty-nine centesimal degrees."

A New Poison.

A new poison has been examined and reported on by M. Pelikan, of St. Petersburg. The plant which produces it comes from the Gaboon, and is used by the natives of that locality for poisoning arrows. It belongs to the natural order *Apocynaceæ*, and produces its injurious action almost exclusively upon the heart. M. Pelikan's experiments were made upon the common frog, and they have led him to the following conclusions:

"1. The poison produces at first an increased action of the heart. 2. After a while the pulse decreases in frequency, and the heart soon entirely ceases to beat. 3. The cessation of action is not regularly progressive. 4. When the ordinary action of the heart has been completely arrested, the ventricle still exhibits peculiar movements, which appear to be peristaltic. 5. When the ventricle has completely ceased to act, and is strongly contracted, and empty, the auricles, though full of blood, continue to contract. 6. Finally, the paralysis of the heart has nothing in common with cadaveric rigidity. When once paralyzed, this organ does not respond to any stimuli, whether mechanical, chemical, or electrical, applied either directly or to the nerves."

MARRIED.

Berry—Whitman.—At Gardiner, Me., Aug. 16, at the residence of the bride's father, Dr. Caleb S. Whitman, formerly of Boston, by Rev. Frederic Gardiner, Mr. Frederic A. Berry and Miss Sarah C. Whitman.

DIED.

Anderson.—In this city on the 25th ult., Dr. Isaac Anderson, in the 70th year of his age.

Bliss.—At New Rochelle, N. Y., on Wednesday Aug. 23, 1865, at the residence of C. H. Hurd, Doctor Ela D Bliss, aged 26 years, late Surgeon in the United States Army.

Condict.—At Dover, Morris co., N. J., on Sunday, Aug. 20, suddenly, of cholera infantum, Francis Seward, infant son of Dr. I. W. Condict and Mary T. Condict.

Fine.—Drowned, on Monday, August 21st, Miss Ann Elizadeth Fine, aged 23 years, daughter of Dr. J. M. Fine, of this city.

Horwitz.—On Monday, 21st ult., John M. Read, son of Dr. P. J. and C. N. Horwitz, aged 6 months and 25 days.

Stephenson.—On Monday, Aug. 28, at his late residence in South Brooklyn, Mark Stephenson, M. D.

Tuthill.—On Sunday, Aug. 27, at No. 52 Hoyt st., Brooklyn, Dr. Frank Tuthill, of San Francisco, Cal., late of New York.

Worthington.—On Second-day, the 21st ult., Mary M., infant daughter of Dr. J. H. Worthington, of this city.

ANSWERS TO CORRESPONDENTS.

Dr. J. W. McC., Minerva, Ohio.—Bumstead on Venereal, sent by mail, August 21st.

Dr. W. W. S., St. Mary's, Pa.—Uterine Supporter, sent by Express, August 22d.

Dr. J. H. K., Worcester, Pa.—Tanner Infancy and Childhood, sent by mail, August 23d.

Dr. G. C. E., Uniontown, Pa.—Elastic stocking sent by mail, August 24th.

Dr. J. L. K., Mertztown, Pa.—Tanner's Practice, two Pereira's Pocket Prescription Books, sent by Express, August 24th.

Dr. J. W. M., Shippensville, Pa.—Wythe's Pocket Dose Book, Beasley's Prescriptions and Remedies, and Fuller on Rheumatism and Gout, sent by mail Aug. 28th.

Dr. J. W. G., Bellair, Ohio.—Llallemand on Spermatorrhœa, sent by mail, August 28th.

Dr. H. L. C., Groveport, Ohio.—History of American Medical Association, sent by mail, Aug. 26th.

METEOROLOGY.

August	21,	22,	23,	24,	25,	26,	27.
Wind	S. W.	E.	N. W.	N.	N. W.	S. W.	N. W.
Weather	Clear.	Cl'dy, Rain.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain		8-10					
Thermometer.							
Minimum	67°	67°	50°	48°	50°	55°	60°
At 8 A. M.	80	70	62	60	69	71	71
At 12 M.	83	74	68	62	71	75	77
At 3 P. M.	88	75	69	65	72	76	79
Mean	79 50	71.50	62.25	58.75	65.50	69 25	71.75
Barometer.							
At 12 M.	29.9	29.8	30.	30 3	30.3	30.2	30.1

Germantown, Pa. B. J. Leedom.

AMERICAN MEDICAL ASSOCIATION.

Members desiring copies of the Transactions for 1865, must forward their subscriptions ($3) immediately, as the number of copies published will be but slightly in excess of the number of subscriptions.

Wm. B. Atkinson,
Permanent Secretary,
215 Spruce street, Philadelphia.

Aug. 12, 1865.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64, Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers,* of No. 414, Feb. 4, 1865.

THE

MEDICAL AND SURGICAL REPORTER.

No. 445.] PHILADELPHIA, SEPTEMBER 9, 1865. [Vol. XIII.—No. 11.

Original Department.

Hospital Reports.

Pennsylvania Hospital, *Aug.* 12, 1865.

Surgical Clinic by Dr. T. G. Morton.

[Reported by C. R. Morgan.]

Fracture of the Cervical Vertebræ: with extensive lacerated Wound of Scalp.

— —, æt. 23. An hour ago this man was brought into the hospital. His friends report that while working in a hay-mow, he fell through the hatch to the ground, a distance of some thirty feet, striking with full force the side of his head and neck. He is a large muscular man, in weight probably 190 pounds. The scalp wound is very extensive, all the left side of the skull being denuded from the supra orbital region to the occipital. This is trifling in comparison to his other injuries. He has a fracture of the cervical vertebræ. The diagnosis is easy. On examining the spine I find an irregularity of the spinous processes, and a marked depression about the region of the fifth vertebra. The examination gives him considerable pain. The real evident symptoms of fracture of the spine are due to the injury which the cord has sustained; either laceration or compression, or both. The patient has complete paralysis; he is unable to move hand or foot; all the parts below the seat of injury are devoid of sensation. A marked symptom of fracture of the spine is priapism, which the patient before you has in a marked degree. The prognosis in these cases is very unfavorable. Life is not usually protracted beyond the ninth day, and death often occurs at a much earlier period. The treatment consists merely in supporting life, with attention to the bladder, which requires the insertion of the catheter several times a day.

Hydrocele.

No. 1. *Progress of Case.* Upon the patient before you I operated for the radical cure of hydrocele three days ago. Forty-eight hours after the operation there was so much inflammation developed, and general abdominal tenderness, especially in the course of the spermatic cord, that I removed the seton. On its withdrawal some clear amber colored fluid escaped, with some flakes of lymph. Lead-water and laudanum has been applied to the part. As you see, it is much enlarged, and very sensitive. The length of time required for sufficient inflammation to be developed varies with almost every case, but usually from two to four days is quite enough. The tenderness over the region of the belly is not due to any peritoneal complication, but is merely sympathetic, and due to the neighboring local inflammation. If we allow the seton to remain in too long, suppuration will take place, which necessitates a free opening into the sac; then treating the same as an ordinary abscess, using stimulating washes, and afterward compression, with adhesive strips.

No. 2. *Progress of Case.* In this case we have allowed the seton to remain in now four days, and only sufficient inflammation has been excited to warrant the removal of the threads. The enlargement is probably greater than before the operation, but he has little pain in the part except when handled, and no abdominal tenderness. We simply keep the patient in bed and support the part; in a few days absorption of the effused fluid will commence, when we can hasten the cure by strips of adhesive plaster firmly applied.

Morbid Specimens.

1. *Ovarian Tumor; Ovariotomy; Death 40 hours afterward, from shock of commencing Peritonitis.*

The tumor before you I removed from Bridget M., æt. 26 and ten months, who was admitted into the hospital Aug. 9th, 1865. The patient was unmarried. She first noticed a movable tumor in the left illiac region, about the size of a hen's egg; her menses continued to appear regularly until four months ago; since then she has had no appearance. Her general health has been uniformly good. The tumor remained almost stationary until six months ago, when it began to grow very rapidly, but more particularly within the last two months. On her admission the abdomen measured in circumference at umbilicus 40 inches; ensiform cartilage to umbilicus 8½

inches. Between anterior superior spinous processes 18 inches. From median line to left anterior spinous process 10 inches. From median line to right anterior spinous process 8 inches. From umbilicus to left anterior superior spinous process 10½ inches. From umbilicus to right anterior superior spinous process 9½ inches.

There was considerable effusion in the abdominal cavity, but the tumor could be readily moved from side to side, and by pressing its under surface, it could be elevated a considerable distance, showing the pedicle to be of some length, and showing no attachments to the neighboring organs. The tumor presented indistinct fluctuation, and was irregular, of firm consistence, and nodulated as the disease was rapidly advancing. The immense distension of the abdomen produced such a great amount of distress, and the weight of the tumor being more than the patient could well carry, she desired the operation. Much appeared to be in her favor,—youth, good health, single tumor with a long pedicle, and no adhesions.

Thursday, Aug. 17, 1865. *Operation.* Assisted kindly by Drs. Agnew and Wilson. Drs. Pancoast and Meigs were present. I commenced the operation by making the usual incision of four inches immediately below the umbilicus; a large quantity of abdominal fluid was drained off, when the tumor appeared at the wound. The large ovarian draining trocar was introduced into the tumor, but the contents were so thick and tenacious, resembling soft soap, as to be unable to pass through the canula, an incision was made into the tumor, and the contents squeezed out. The walls of the cyst were very thick, in some places of almost cartilaginous hardness. It was found impossible to get the tumor through the wound, which was enlarged above and below some three inches, when I introduced my hand, and readily turned the mass out. The pedicle was found to be very broad, and running all along to the fundus of the uterus, involving the whole of the broad ligament, and the tumor was cut away, the pedicle being secured by passing two long pins (at the suggestion of Dr. Pancoast) through it, being retained outside of the incision, which was then closed by six superficial and three deep sutures. Only a few ounces of blood were lost, and the contents of the belly little disturbed. A flannel bandage was then applied, and the patient put to bed. The reaction was very good, and for 24 hours the patient slept and had no pain, and seemed perfectly comfortable. She then had a slight chill, abdominal pain, and rapid collapse followed, 40 hours after the operation.

Post Mortem. No hæmorrhage, and no effused blood or contents of the cyst in the cavity of the abdomen, a very slight quantity of serum was present, and some lymph; free diffused peritonitis; right ovary healthy. The tumor is before you, and is a non-malignant proliferous cyst, the solid portion weighing 13 pounds, the fluid portion 12 pounds, exclusive of the peritoneal effusion, which amounted to at least 10 pounds, making the entire mass weigh some 35 pounds.

Fistula Lachrymalis.

One of the most annoying affections of the lachrymal apparatus, is obstruction of the lachrymal duct. The patient before you, a young woman æt. 26, had for some time what is known as epiphora, or watering of the eye, a constant overflow of the tears upon the cheek, from closure of the duct; inflammation of the sac at the point of obstruction supervened, a small tumor formed, and an abscess quickly developed, which discharges externally, and now remains open, producing what is known as fistula lachrymalis. Strumous subjects are very apt to suffer from this affection, but it may result from a cold or an injury. In the treatment, the object is to re-open the communication between the eye and the nose. Where there is simply obstruction from a thickened state of the lining membrane of the passages, with a scrofulous habit, we frequently effect a cure by the administration of iron and cod-liver oil, with some of the preparations of iodine, and dilating the lachrymal canal and the ductus ad nasum by the introduction of graduated probes, or following Homan's plan of splitting the canaliculus from the puncta to its junction with the duct, and then overcoming the stricture by rapid dilatation. Where the duct has become obliterated, we are obliged to make a new passage by carrying a narrow-bladed knife down through the duct into the nose, either by the old method externally, from a point immediately above the tendon of the orbicular, or, by what I consider preferable, that by the internal division from the junction of the canaliculus and duct, and the introduction of a gold tube with an arm upon one extremity. The tube is inserted into the duct, after free division by the knife, the arm supports and retains the tube in its proper place, resting in the split canaliculus. By depressing the lid, the arm can be easily observed, as well as the top of the tube, which can be cleaned out, at any time, by passing a probe through it into the nose. The tears, I believe, generally pass down on the side of the instrument.

A small but useful instrument I devised some years ago, in order to do away with the unpleas-

ant appearance of the ordinary style, and because, in some cases, the obstruction exists at a point higher up, and can only be overcome by an instrument which favors and keeps open a direct communication between the lachrymal canal and the nose. I now introduce this tube; the flow of blood from the no e is proof that the knife has entered its cavity. Should any irritation arise, wet cloths, or lead-water and laudanum.

Editorial Department.

Periscope.

The Placenta in Natural Labor.

Before the Med.-Chir. Society of Glasgow, Dr. Jas. Patterson read a paper upon the above subject, the substance of which he embodies in the following propositions:

1. When the uterus continues its contractions after the birth of the child, so as to throw off the placenta in a short period, the chance of hemorrhage is very slight.

2. When unassisted, the womb generally discontinues its efforts, for a time, after the birth of the child, and during this rest the placenta cannot be expelled.

3. Hemorrhage occurs during a complete or partial separation of the placenta, and while that viscus is still within the uterus; and when it does supervene, it is generally in proportion to the non-contraction of the womb, and to the time during which the placenta remains unexpelled.

4. To assist the uterus to maintain its contractions for a short time after the birth of the child, to procure the separation and expulsion of the placenta, is a rational method of diminishing the risk of hemorrhage, while, at the same time, it is the surest way to secure the permanent contraction of the uterus, and thereby conduce to a speedy recovery.

This is accomplished by keeping up such an amount of stimulation of the uterus as shall cause it to close around the placenta, so that the latter shall be ready to be acted upon by every succeeding contraction of the womb. The moderate pressure of the hand applied over the abdomen during the descent of the child, is nearly always sufficient at this stage. When the child is born, the hand must follow the descending womb, and grasp it, so gently as not to cause pain, and yet with a moderate firmness. This pressure ought scarcely to be relaxed during the separation of the child from the mother. In a large majority of cases, it will be found that this simple plan will have assisted the partial extrusion of the placenta through the os uteri, so that when the practitioner's hands are again free after tying the cord, he will find, on introducing two fingers, that part of the afterbirth is lying in the vagina. At this stage, to maintain still the pressure on the womb with the left hand, and straighten, without pulling, the cord with the right, by means of the two fingers in the vagina, will in most cases suffice to procure the expulsion of the placenta in about four to six minutes. This is really an expulsion of the placenta and membranes, in the true sense of the word, and not a withdrawal.

When the placenta is thrown off in a short period, the womb is much less liable to relax than when it has been longer retained. He has been struck by the fact that where a child had been born some time, say twenty or thirty minutes before his arrival, the uterus can often be made to contract with great difficulty; and he has found in such cases, that with all care, he could not stimulate the uterus to throw off its contents in anything like the same time that he could have done had he been present before the birth of the child, and this, be it observed, after the womb had had a considerable interval of rest.

The President of the Society, Dr. Ritchie, and all the members coincided in the views expressed by Dr. Patterson, and condemned the rules usually laid down in what profess to be practical treatises on midwifery—that half and even three-quarters of an hour should elapse between the expulsion of the child and the attempts of the accoucher to begin to remove the placenta and membranes.

Angina Pectoris.

Among the formidable diseases on which much attention has been bestowed, there is none of which less is positively known than that of angina pectoris. English observers have found ossification of the coronary valves, or organic disease of the heart, frequently coinciding with angina pectoris, and German pathologists have referred the affection to spasmodic asthma and to gout. We are pleased with the comprehensive views of M. Beau, as reported in the *Journal of Practical Medicine and Surgery*. He does not consider a symptom in the light of a disease, nor does not conceive the presence of structural alterations indispensable when the functional disturbance of an organ is the leading feature of any series of morbid manifestations. Thus, he cannot concede that angina pectoris is a mere neuralgia, the opinion prevalent in France, because, although sometimes no anatomical lesion is discoverable, still pain is not always present. He views angina pectoris as a temporary interruption of the action of the heart, which may result from many different causes. Thus, if by violent exercise or sudden emotion the action of the heart is arrested in a person laboring under valvular disease, suffocation and inability to walk will follow, the extremities will grow cold and the pulse threadlike, extreme dyspnœa supervenes, and in some instances violent pain in the pericordial region, occasionally radiating to the left shoulder and arm. In this instance, the angina is obviously traceable to its cause, but it would be unreasonable to ascribe it always to the same agencies.

Viewed in this light, angina pectoris may coincide with organic cardiac disease, or originate in gout or neuralgic predisposition; but it will always be characterized by the precordial radiating pain, the oppression, the smallness of the pulse, the lividity of the countenance, the refrigeration of the extremities, and especially the sensation of agonizing anguish, which fully justifies its name.

The sudden invasion of the seizure, whether spontaneously arising, or resulting from fatigue or deep emotion, will further assist the diagnosis, but it must be remembered that the symptoms vary considerably in each case.

The affection is of much more common occurrence than is generally supposed, and M. Beau goes so far as to assert that the greater number of unexplained cases of sudden death are attributable to that variety of angina which induces syncope.

The progress of the disease is not less variable than its outward manifestations. In youth and in the aged its results are widely different. In the latter, the affection is rapidly and almost constantly fatal; whereas, in the former, it is susceptible of cure.

M. Beau has remarked in all the individuals in whom he observed the disease a marked tendency to dyspepsia, and this condition was preceded by, or coincided with, severe sorrow; angina had subsequently been developed under the operation of various causes, such as idiosyncracy, previously existing disease of the heart, the gouty diathesis, etc. M. Beau opines that the use of tobacco has a twofold share in the production of angina: in the first place, in destroying the appetite; in the second, by a peculiar mode of action, whatever be the form in which tobacco may have been used.

M. Beau received further demonstration in the case in his wards, which had served to point his remarks on angina. In this individual, a confirmed smoker, heart disease had followed the first paroxysm of oppression. M. Beau persuaded the patient to discontinue the use of tobacco, and appetite, which had long ceased to exist, was promptly restored, the dyspnœa yielded, and nightmare, to which this man was extremely liable, entirely disappeared. To the cessation of smoking, and possibly to the exhibition of digitalis, (which M. Beau considers as a tonic of the heart, and the paramount remedy for asystolia,) the patient would now be in a perfectly satisfactory condition, had he not imprudently exposed himself to cold, and thus become affected with bronchial inflammation, the consequences of which may, perhaps, imperil the good effects already secured.

Another patient was an habitual snuff-taker. M. Beau caused him to discontinue the practice, and the improvement has been such that a complete cure may legitimately be anticipated.

The professor considers tobacco in all its forms as an irreconcilable enemy, and to counteract its evil influence, he does not confine himself to mere advice which a hardened smoker would assuredly neglect, but predicts, if the bad habit be not discontinued, that fatal results must soon and inevitably follow, an unanswerable argument which the most intractable cannot well avoid noticing, and which, in general, ensures their compliance.

Turpentine Vapor Baths.

Dr. Gibert, a few days ago, read a report to the Academy of Medicine on a paper sent in by Dr. Chevandier, of Die (Drôme) on the use of a turpentine vapor bath in cases of rheumatism, gout, pulmonary catarrh, cramps in the stomach, etc. The patients are exposed for half an hour to the action of the aromatic vapors evolved during the combustion of resinous shavings of the Mugho pine, by means of special fumigatory apparatus. The temperature should never fall below 45 deg. Reamur (134 deg. Fahrenheit.)—*Phar. Jour.*

On the Therapeutical Properties of the Salts of Lithia.

By Dr. Garrod.

The British Pharmacopœia contains two salts of lithia—namely, the carbonate and the citrate, which have been introduced into medical practice by Dr. Garrod. Lithia is an alkali, being the oxide of the metal *lithium*, which is the lightest solid known, and has a very small atomic number—namely, seven on the hydrogen scale; and lithia has, therefore, a much greater saturating power than either soda or potash, the metallic bases of which have the atomic numbers respectively of twenty-three and thirty-nine. Another peculiarity of lithia is, that it forms a salt with lithic or uric acid, much more soluble than the salts of other bases; more soluble, in fact, than lithate of potash, and far more so than lithate of soda or ammonia. Hence it appears that the salts of lithia must be valuable remedies when the object is either to keep uric acid in solution during its transit through the urinary organs, or to prevent its deposition within the structures of the body. The carbonate and citrate of lithia may both be obtained in the crystalline form, the citrate being in large crystals; the carbonate is very sparingly soluble in water, but the citrate is freely soluble. Dr. Garrod thus sums up the therapeutical properties and applications of the salts of lithia:—1. Lithia salts are readily absorbed by the stomach, and pass through the kidneys, the carbonate remaining unchanged in its passage; the citrate and other salts with a vegetable acid undergo decomposition and appear in the urine in the form of the carbonate of the base. 2. Lithia combined with carbonic acid or a vegetable acid, given in the form of a dilute solution, acts as a powerful diuretic, probably more so than the corresponding salts of potash or soda. 3. Lithia salts exert a much more powerful influence upon the condition of the urine, in rendering it neutral or alkaline, than the salts of the other alkaline metals; that is, when given in the same doses. 4. In certain states of the system, in which urate of soda is liable to be deposited in the tissues, leading to the production of gouty inflammation, the administration of lithia salts is attended with advantage: probably, both by aiding elimination, and by assisting the solution of the urate in the animal fluids. 5. Lithia is not foreign to the system; it has been found by means of spectrum analysis in the ash of the blood and flesh, although its amount is extremely minute. When its administration is continued for a lengthened time, no injurious consequences ensue, although we should be guided by the same rules in suspending the use of lithia as in the case of other alkaline remedies. 5. The dose of the carbonate may range from three to six grains, of the citrate from five to ten grains; the carbonate may be

given in aërated water, and free dilution aids its diuretic action.—*Med. Times.*

The History and Pathology of Pellagra.

The Academy of Medicine, says the *Gazette Medicale*, proposed this subject for one of its prizes in 1864, and MM. Claude Bernard, Velpeau, J. Cloquet, Serres, and Rayer, having reported on the several works sent in, the prize of five thousand francs has been awarded to M. Roussel, and an accessit of two thousand to M. Costallat. The opinion supported by these writers is, that pellagra is a specific disease, caused by a fungous parasite developed in diseased maize. It has been abundantly proved that the cause of endemic pellagra is to be sought for in the food. An improved diet cures it—*i. e.*, if not too far advanced. Peasants afflicted with it on entering good domestic service get well; conscripts suffering from it are cured by their soldier life, so that the Italian Government no longer considers pellagra as exempting the patient from military service. The change of regimen thus followed by the cure of pellagra was in all cases the abandonment of the continual and almost exclusive use of maize flour; and according to M. Roussel, history and geography confirm the connection between the use of maize as a food and the existence of pellagra. It exists in certain parts of Italy, France, Spain, and Hungary, and in all those parts maize constitutes the principal food of the peasantry; and till maize was introduced into those countries as a food, pellagra was unknown there.

In reply to the fact that pellagra is not common in Burgundy and La France-Comté, where maize is largely consumed, MM. Roussel and Costallat affirm that the inhabitants enjoy a better general diet in conjunction with maize, and that they dry the maize in furnaces, by which the development of the fungus is prevented. In years when the maize is good and sound, pellagra greatly diminishes; when the maize is bad—that is, much attacked by the fungus—pellagra rages; those attacked by pellagra recover on ceasing the use of maize, but it has not yet been distinctly proved that they will recover if they continue to eat maize, only taking care that it is sound and free from the fungus—the *verdet*, or sporisorum maidis.

The pellagra sporadique of M. Landourry, and the pellagre des aliénés of MM. Billod and Brunet, are examined and judged to be not true pellagra. In Old Castile and Aragon, a disease very closely resembling pellagra, and called *flema salada*, is common, and maize is not eaten. M. Costallat visited the country, and is disposed to believe that the disease is caused by a fungus that is commonly found in the bread of the country. The reporters appear to agree with M. Costallat, that only one thing is needed now to the absolute demonstration of the theory that the verdet is the essential cause of pellagra—viz., "change only one thing in the diet of the pellagrous—substitute sound maize for damaged maize; if the pellagra persists, the verdet is not its cause; if it gets well, the verdet is its cause."—*Brit. Med. Chir. Review.*

On the Treatment of Croup by the Inhalation of Lime-water.

M. Kuchenmeister, of Dresden, has stated that diphtheritic membranes are rapidly dissolved in lime-water: and this statement has been confirmed by M. Biermer, the Professor of Clinical Medicine in the University of Berne, who has repeated the experiment before the students of his class.

The *Brit. For, Med. Chir. Review* says that some pseudo-membranous exudations, of considerable extent and thickness, were placed in a small glass of lime-water, and in the space of from ten to fifteen minutes, and before the eyes of the students, they disappeared, leaving only a very slight sediment at the bottom of the glass. M. Biermer was therefore induced to apply the lime-water locally in a living patient, and he has published the results, which were quite satisfactory. The patient was a girl, aged seventeen, admitted into the hospital of Berne for croup, which had lasted four days. When she was admitted, she was nearly choked, cyanotic, and insensible, and she threw up portions of membrane only by means of the administration of some very strong irritant medicines. The symptoms of laryngeal constriction still continued, together with distressing dyspnœa; and pulverized water was employed to moisten the respiratory passages. The water employed, which was at first hot, and then boiling, produced considerable amelioration; and M. Biermer, having previously tried the experiment mentioned above with the false membrane and lime-water, supplied the pulverizer with lime-water. The improvement was evident as soon as the inhalations were commenced; the symptoms diminished in intensity; the expectoration changed its character, and became purulent; the cough gradually disappeared, and the fever abated; and only hoarseness and a slight cough remained during the convalescence, which terminated in a complete cure. M. Biermer and all those who watched the progress of the case, were convinced that the inhalations had a solvent effect upon the false membranes; but the professor does not recommend an exclusive adoption of this local treatment, which softens and detaches the exudations, but does not reach the cause of the disease, which must be combated by constitutional remedies, calomel being considered the chief. The plan of M. Biermer has been followed by other practitioners; and M. Kuchenmeister has published a case of diphtheritic pharyngo-laryngitis in a child of three years and a half old, treated in the same manner with complete success. Dr. Brauser, of Ratisbon, has also lately published a case of croup in a child of four years and a half old, treated in the same manner, and perfectly cured. M. Biermer insists particularly on the necessity of using the injections hot.

Partial Luxation of the Radius.

Dr. Ely briefly reported to the Providence Medical Association, several cases of injury of the elbow-joint occurring in children. Those in whom the injury occurred were unable to bend their arm, or raise it to their head. Little or no

pain was experienced, and in the majority of the cases nothing abnormal could be detected, either by the eye or manipulation. It was generally produced by lifting the child by its arms.. It was thought to be a partial luxation of the radius back upon the humerus. The luxation was reduced by grasping the hand and forearm, radiating it, and suddenly carrying it to the head.—*Boston Med. Jour.*

Chemical Composition, and Physiological Properties of Scilla Maritima.

In a long and elaborate paper on the Scilla maritima, published in the *Wiener Wochenblatt*, (*Schmidt's Jahrb.*), Dr. Schroff proposes a series of questions in reference to the medicinal characters of that plant. He first discusses the question whether the squill-bulbs of commerce are derived from one or two species, and he comes to the conclusion that although a red and a white bulb of the squill are known, yet that they belong to the same species, and that the color depends upon the nature of the soil and the place of growth. The color appears to be the chief distinction between the two bulbs, but the red bulb has a more strongly bitter taste in its external and middle layers; and the raphides occur in the red somewhat less abundantly, but rather larger in size, than in the white. Among other slight differences between the two, the coats or layers of the bulb are more closely and firmly adherent to one another in the red variety than in the white. Exposure to the sun, superficial poison, a higher station, and greater distance from the sea, appear to produce the white color; while a deeper position in the ground, the proximity of the sea, and the greater covering of earth, develope the red. Transitions from one variety to the other are often to be observed; and Dr. Schroff has had specimens of the white squill, in which the greater part of the most external coats exhibited a more or less light-red color. Among other investigations as to the relative activity of the two varieties of the squill, and of the different parts of the same bulb, Dr. Schroff observes that the most external coats, which are tasteless and without parenchyma, are admitted to possess no active properties, and therefore the middle coats, or those which are relatively external in position, are preferred for use, and that the red bulb (as was known to Pliny) is more active than the white.

In reference to the physiological action of squill, the experiments of Dr. Schroff confirm the opinion hitherto entertained, that this plant stands in a peculiar relation to the respiratory and urinary organs. In the animals employed for the experiments, the kidneys were congested with blood, and the urine was very much increased in quantity, and mixed with blood. The more the acrid principle contained in squill prevailed in quantity in the preparations used, the more violent was the action on the lungs; while the *scillitin*, which had but little taste, occasioned more of the phenomena of narcotism. Squill ought therefore to be placed among the narcotico-acrids, near Hellebore and Colchicum. From aconite it is particularly distinguished, from the circumstance that it acts immediately on the kidneys, and produces an increased determination of blood to those organs; while aconite, like digitalis, acts first of all by its effects on the cardiac movements by a change of the force of the circulation. Colchicum and squill, on the other hand, agree with one another in these respects, that their principal action is directed to the ganglionic system, and by its means to the organs of secretion and excretion; and that they both possess an acrid principle, together with their active bitter principles, *colchicin* and *scillitin*, and in addition to their narcotic property. Squill acts, however—and especially by its acrid principle—much more immediately on the kidneys than colchicum. The narcotic property of both plants is only of subordinate therapeutical value, and is chiefly important when the object is to act upon the ganglionic system, and to increase the process of excretion, as in rheumatism and gout. In this respect colchicum is to be preferred, but squill ought to be resorted to when, in especially suitable conditions, a powerful expectorant and diuretic is required. Compared with cantharides, squill appears a much milder diuretic; and, in order to develope hyperæmia of the kidneys, much larger doses of the latter are required than of cantharides.

On the Application of Physiological Tests for Certain Organic Poisons.

Physiological tests are—remarks Mr. Tichborne, in the *Dublin Med. Press*—without doubt, of immense value, taken in connection with other facts, but to pronounce upon them *per se* would, in our opinion, be to trust to a broken reed. The chemical action with many organic principals we know are lamentably deficient; but it is to be hoped that much is yet to be done in this respect. Unfortunately those organic substances that possess well-marked toxic effects give the most marked and decided results with reagents—viz., strychnia, morphia, etc., whilst *vice versa*, those which are wanting in definite chemical reactions are less marked in their toxic evidence. The communication of Drs. Fagge and Stevenson is to throw some light upon this subject, especially in connection with digitaline. "It has been expressly denied," say the authors, "that animal extracts, such as those obtained from the contents of the human stomach, or from vomited fluids, could in themselves be poisonous to the lower animals; we found that in almost every instance the toxic action of such extracts was most decided and unmistakable. The recognition of this fact must have an important bearing upon the application of physiological evidence. Unless some points of difference should hereafter be discovered, it will render impossible the detection of many vegetable substances, such as lobelia, emetina, veratrum viride, and delphinium staphisagria, by their physiological effects.

Digitaline is one of a small class of substances of which the action on frogs appears identical, as the heart is the organ primarily affected by them; they may be called cardiac poisons so far as frogs are concerned. The cardic poisons of the authors are, Upas Antiar, Helleborus Viridis, Tanghinia Venenifera, arrow poison, and Scilla Maritima. Besides digitaline only two of them—viz., helle-

borus and the scilla are likely to be the subject of medico-legal investigation in this country, and that but rarely. The characteristic effect of these agents on frogs is the production of irregularity of the heart's action followed by complete stoppage of its pulsation, the ventricle remaining rigidly contracted and perfectly pale after it has ceased to beat: the muscular power of the animal being at this time unimpaired, and persisting as long as in frogs in which the circulation has been stopped by other means, such as ligature of the heart. When digitaline is applied endermically the characteristic effect is invariably produced if a sufficient quantity be used. Quantities less than 1-150th of a grain usually produce no effect. But it must be remembered that very poisonous effects are produced by the application of alcoholic or acetic extracts of matter vomited by patients or taken from the human stomach after death. Like the cardiac poisons the animal extracts impair the action of the heart, but their tendency is to cause paralysis of its muscles and stoppage in the dilating condition.

Foreign Body in the Air Passages—Death.

A boy, aged 10, on Monday, swallowed a bean, (*Virchow's Archiv.*), and was immediately seized with a suffocative paroxysm. This soon passed off, leaving the child apparently well during Tuesday, Wednesday, and Thursday; although coughing now and then, he was playing about and lively. On Thursday night another suffocative paroxysm came on, and the child died. At the autopsy, the Morgagni ventricle of the larynx on the left side exhibited a circumscribed inflammatory spot, from whence stretched lines of inflammation toward the back of the trachea. In the left bronchus, immediately after the bifurcation, lay the bean, entirely obstructing it. The portion of the bronchus where the bean was scarcely exhibited any trace of inflammation, and the entire left lung was healthy. The bean was swollen, and measured two centimetres in length and one in breadth. Dr. Beigel, who relates this case, thus explains its phenomena: After the ingurgitation of the bean, this fell into the larynx, and remained in the Morgagni ventricle, where the marks of inflammation were found. On the Thursday night it fell into the air-tube, and left traces of its progress to and fro along the posterior wall of the trachea. Hence it must again have returned into the larynx, and, closing the cords, gave rise to the fatal suffocation. After death the relaxation of the fatal larynx allowed it to fall into the left bronchus.

Lotion of Chlorate of Potash in Phagedenic Ulcers.

M. Ganjot cites, in the *Gazette Hebdomadaire*, a case of very obstinate phagedenic ulcers in the groin of a young soldier, which had baffled every kind of treatment. At last it was recollected that M. Bergeron had found a solution of chlorate of potash very useful in cancroid ulcerations. Twenty grains to the ounce of distilled water were used, and the destructive process was arrested. The case did well; but the author justly remarks that energetic cauterizations are decidedly the best kind of treatment, whilst the chlorate of potash may become very useful in those cases where it is difficult to reach the phagedenic ulceration, or where it would be perilous to use the nitric acid.

Excision of the Tongue.

The *Canada Med. Jour.* says that on the 10th of May Mr. Syme, for the second time, performed the formidable operation of excision of the tongue. The patient was a female about 56 years of age, who had been affected with malignant disease of the tongue for about two years, the affection implicating almost the whole organ, extending to within a short distance of the hyoid bone. Having made an incision in the median line from the lip downward, Mr. Syme sawed through the lower jaw. The two portions being held apart, he readily and rapidly dissected out the whole tongue. Only two ligatures were required; and but little blood was lost. The operation lasted twenty minutes. The patient upon whom Mr. Syme operated some six months ago, is still well, and there has not been any return of the disease.

The Ophthalmoscope in the Diagnosis of Hydrocephalus.

M. Bouchut has recently read a paper at the Academy of Sciences, in which he gives an account of the application of the ophthalmoscope to the diagnosis of chronic hydrocephalus in young children. In this disease, the circulation and nutrition of the eye undergo notable modifications in consequence of the cerebral compression produced by the presence of fluid. When a patient was examined, the following changes in the eye were observable:—1. An increase in the number of the veins of the retina, which retain their usual color. 2. Sometimes a serous peripapillary infiltration. 3. Atrophy of the papilla and optic nerve. 4. Atrophy of the retina and choroid coat. In rickets, however, which often produces a large increase in the size of the head, similar to the commencement of hydrocephalus, none of the foregoing alterations in the eye are to be found.—*Boston Med. Jour.*

Endoscopy.

On Wednesday, March 15, 1865, at a meeting of the Medical Society of the King and Queen's College of Physicians, held in the new College Hall, Kildare street, Dr. F. P. Cruise, of the Mater Misericordiæ Hospital, exhibited an endoscope which he has been using for some time past, and read a short paper explaining its practical utility in the diagnosis and treatment of many obscure forms of disease, especially those of the rectum and urino-genital organs. Dr. Cruise's endoscope is a modification of Desormeaux's, and possesses the great advantage over it of an illuminating apparatus, so brilliant and easily admitting of such perfect adjustment, that little or no previous training is required to enable the practitioner to obtain a satisfactory view of deep cavities which heretofore have been looked upon as quite inaccessible to sight.

Amongst these we may specially mention the bladder and urethra; the rectum beyond the

reach of the finger and speculum; the cavity of the cervix, and even of the body of the uterus; the nasal fossa; the pharynx; cavities of ovarian cysts; abscesses, wounds containing foreign bodies, etc.

Dr. Cruise's paper was enriched by the details of a number of obscure cases in which he had used the endoscope to the entire satisfaction of numerous medical men in Dublin.

Dr. Cruise's improvement in this instrument is the devising of a satisfactory and manageable illumination. He proposes shortly to publish a full account of the instrument and of the results he has arrived at from its use.—*Med. News and Library.*

Curative Treatment of Phthisis.

At a recent session of the French Academy of Sciences, says the *Archives Générales de Médicine*, M. Fuster read a communication on the curative treatment of phthisis. He announced that he had been trying, since the 11th of April last, in the clinical wards under his charge at Montpelier, in the treatment of pulmonary consumption and other affections characterized by a general consumptive condition, a method of treatment which had given him so much encouragement that he felt obliged to make it known.

His treatment consisted in the use of raw mutton or beef, together with alcohol largely diluted and in small doses. The meat, reduced to a pulp by pounding it, and passing it through a sieve to remove all the tendinous portions, is given in balls rolled in sugar, or as a sugared pulp in teaspoonful doses, in the quantity of one hundred to three hundred grammes daily. A drink made by mixing a hundred grammes with five times as much cold water sweetened, answers as a beverage for these patients. The alcoholic draught, composed of one hundred grammes of alcohol, of 20 degrees Baumé, diluted with three hundred grammes of some sweetened vehicle, is given in teaspoonful doses from hour to hour; the proportion of alcohol and the interval between the doses should be varied according to the susceptibility of the patient.

"The combination of these two agents is necessary to success in this method of treatment. The first appears to me to have a reconstructive agency, and the second a more direct action upon the blood-producing organs.

"There is nothing new in this method of medication, unless it be the combination of the two remedies mentioned, and their application to consumptive patients."

The author declared that by this mode of treatment many patients affected with pulmonary consumption of a very grave character, and with purulent infection, had been perfectly cured.

Structure of the Placenta and Umbilical Cord.

These parts, according to Professor Simpson, are formed of nucleated cellular tissue, traversed by the tubes of the umbilical arteries and veins, and their subdivisions, and are destitute of capillaries, vasa vasorum, lymphatics, and nerves. Their structure is therefore analogous to the lower zoophytic existences.

Extraordinary Fibrinous Deposits in Aorta.

Dr. J. L. Downing reports, in the *Pacific Med. Jour.*, the history of a Mr. S., aged 59, where all the symptoms of ossification of the semi-lunar valves occurred, but, after death, post-mortem examination revealed cartilaginous deposits in both auricles, and extending through the aortic openings, preventing the perfect closure of the valves. Some of these fibrinous deposits were removed, measuring over a foot in length. There were no attachments, save at the point of origination, the free ends or strips floating in the arteries. The left lung was completely dissolved, and the cavity filled with pus. The left pulmonary artery closed abruptly at the mediastinum, in a sort of pouch, readily admitting the finger to its extremity. In the upper portion of the right lung were found firm pleuritic adhesions, showing preëxisting inflammations that may naturally account for all these conditions.

Reviews and Book Notices.

Researches on the Medical Properties of Nitrous Oxide, Protoxide of Nitrogen, or Laughing Gas. By George J. Ziegler, M D., Physician to the Philadelphia Hospital, Member of the Academy of Natural Sciences of Philadelphia, etc. J. B. Lippincott & Co. 1865.

The above is the title of a brochure by a gentleman of high standing in the medical profession of Philadelphia, who, it will be remembered, contributed several valuable articles upon the properties of nitrous oxide for this journal. Indeed, the volume professes on the title page to be a republication from the Reporter, but revised with such alterations as were deemed necessary by the author. In it Dr. Ziegler presents a condensed summary of the medical properties and applications of nitrous oxide, as determined by him from observations and original experiments, extending over a term of sixteen years. Of course, these are, from the necessity of things, incomplete, and to the same degree they are inconclusive—yet they are sufficiently impressive to attract the attention, and induce a more extended inquiry into its sphere of usefulness.

The volme is a duodecimo of 66 pages, and one of the handsomest in appearance we have seen belonging to scientific literature. The paper is of the finest tint, exquisite printing, with a plain but elegant binding. As we have remarked before, when speaking of this subject, we cannot see why medical works should be the only ones where external appearance is ignored, and we notice with no little satisfaction that within the past few months several volumes have been placed on our table, whose exterior, and interior, as for that matter, will compare favorably with any publication in other departments of literature.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 9, 1865.

THE BRITISH MEDICAL ASSOCIATION.

In our last we gave a partial notice of the proceedings of the late meeting of the above Association. At this meeting a new feature was introduced into the proceedings of the Association, viz., discussions on subjects in scientific and state medicine. Four subjects were selected for discussion, each being introduced by an essay. The following were the subjects discussed:

1. "Are there any antecedent conditions influencing the production of Cancer?" Introduced by Mr. C. H. Moore, Surgeon to Middlesex Hospital.

2. "Is there any foundation for the Hypothesis of the origination of Disease by Zymosis, or Ferment?" Introduced by Dr. Richardson.

3. "What measures should be advocated by the Association for securing an improved position to medical scientific witnesses in Courts of Law?" Introduced by Dr. J. A. Symonds.

4. "Why are Sanitary measures not always followed by a decrease of Mortality?" Introduced by Dr. Tindal Robertson.

These subjects were discussed with a good deal of spirit, by various members of the Association. We shall endeavor in due time to give an outline of the papers and the discussions to which they gave rise. There were also about fifteen volunteer papers presented by members, which we may be able to notice again hereafter.

But the two most important papers presented at this meeting of the Association were, "The Address in Medicine," by William Stokes, M. D., of Dublin; and "The Address in Surgery," by James Syme; F. R. S. E., of Edinburgh. These are names whose fame is not confined to the narrow precints of their places of residence, nor yet to Great Britain, for they have attained a world-wide celebrity, and their works on the practice of medicine and of surgery are no doubt familiar to most, if not to all of our readers. These distinguished men gave a resumé of the progress of medicine and surgery, which was exceedingly instructive, and which we shall take occasion to again recur to.

The subject of the address of the President, Dr. Samuel J. Jeaffreson, was inspired by the locality in which the Association met, and in which he is a distinguished practitioner, it being upon "Mineral Waters and Spas in general, and on Leamington in particular." On this subject Dr. Jeaffreson very properly assumes that the profession ought to know more than they do, in order that they may be able to select for their patients the particular watering-place best adapted to the diseases under which they labor. After a brief notice of the principal mineral springs of ancient and modern times, he proceeds to give some account of those of Leamington. It was about the beginning of the present century that the Leamington waters first began to attract general attention. "They belong," says Dr. Jeaffreson, "to the class of mild evacuants, their chief evacuant action being on the alimentary canal; they act also on the kidneys, sometimes proving inconveniently diuretic, without some modification of their use. They are also slightly diaphoretic; and actively so, when their internal administration is combined with their external use in the form of baths. They also, pre-eminently belong to the class of alteratives and deobstruents, and it is chiefly in this respect that they are so valuable—modifying the secretions of the liver, kidneys, skin, and all the excretory glands, as also of the mucous membrane of the alimentary canal, and acting strictly as a blood remedy. The specialty of the action of most mineral waters, probably depends more on those minute traces of certain subordinate components in them, than on those that constitute their chief bulk. I am disposed to think, judging from their effects, that our waters owe much of their virtue to the presence of small proportions of iodine and bromine, as also, in some cases, of iron." Dr. Jeaffreson recommends that they should be given on an empty stomach, in quantities varying in the adult from ten to thirty ounces. He most frequently gives from twelve to eighteen ounces, and advises that the dose be divided into two or three draughts, with an interval of a few minutes between each, which promotes their absorption and assimilation, and prevents the inconvenience so often arising from too rapidly swallowing any large bulk of fluid. He prefers to use the water milk-warm.

What Dr. Jeaffreson says of the waters of Leamington, may be applied to those of many, if not most other mineral springs. The profession of this country should familiarize themselves more with the characteristics and virtues of our mineral waters, for there are many cases in their practice to which they will find them well adapted.

We might profitably quote further from Dr. Jeaffreson's address, but have not space to do so now. We may recur to it again, however, par-

ticularly on the subject of bathing, on which he makes some very judicious remarks.

During the meeting of the Association fifteen new members were elected. At 6, P.M., on Friday, the exercises were wound up with a dinner, with its usual accompaniments of toasts, speeches, etc. In response to the "Bishop and Clergy of the Diocese," the venerable Archdeacon Sandford uses the following remarks, on a subject that is of interest and importance in the sick chamber:

"It had been justly remarked by Dr. Thomson, that the medical and clerical professions were akin. He must confess himself that he considered them to be identical, for, considering the reciprocal action of the mind upon the body, and the body upon the mind, he had often as a pastor to thank God for the labors of the medical profession: and he felt confident that the medical man must admit the curative influence of the Gospel. He had sometimes wondered how it was that the two professions did not work more harmoniously together, and that it was not until the medical practitioner resigned his work, that he said to the weeping relatives: 'Now, you may send for the minister of religion.' But his esteemed and venerated friend, Dr. Jephson, had explained to him the cause of this apparent want of harmony in the professions; and he was afraid that it was because clergymen were not always sufficiently gentle, judicious, and self-restrained in the sick room, that they were not more popular with the medical profession as joint-laborers. He wished every one of his brethren had heard the lecture delivered in his ear that day by Dr. Jephson; and he felt satisfied that if a clergyman administered strong meat when meat was not tolerated, he must bear the displeasure of the medical man; and that it was only when Christian pastors understood how to attend a sick room that they would be popular with medical men, or with their patients. At the same time, he must be permitted to say that the great Physician of the soul was also a physician of the body; and the more they trod in His footsteps the greater benefits would be derived."

We have given a somewhat extended notice of the proceedings of the British Medical Association, in order that our readers may be able to compare them with those of our own Association, and see wherein any improvement may be suggested in our mode of conducting business.

THE RANK AND PAY OF HOSPITAL STEWARDS.

We would call the special attention of our readers to the communication in another column on the subject of the rank and pay of Hospital Stewards. It is surprising that men as intelligent as hospital stewards are required to be, and who occupy positions of so much responsibility, should be assigned such low rank and pay. Our correspondent states the case very forcibly and intelligently. He is stationed at a frontier military post, where circumstances have been such, that from May 7th to the middle of August, 1864, and again from the beginning of June to the present time, he has been performing the duties of post-surgeon, and yet he receives but thirty-three dollars a month, and ranks simply as a sergeant! We trust that this matter will receive the attention of Congress, and that higher pay and rank will be granted.

Notes and Comments.

Registration of attendance at Hospitals.

Not content with receiving the services of medical men gratuitously, the managing committees of hospitals sometimes presume to limit the attendants in the kind and amount of remedies prescribed, the time of attendance, etc. At the late meeting of the British Medical Association the following action was had respecting the registration of attendance at hospitals:

"The President wished to take the sense of the meeting on the following question:

"Whether it be consistent for physicians or surgeons of hospitals to sign, by the order of the managing committees, a return of the time they enter on their duties each day of attendance, the time of leaving, and the amount of professional labor performed?"

It was unanimously decided:

"That such registration is inconsistent with the position and dignity of members of the medical profession."

Cholera in New York.

There is a great deal of solicitude in the city of New York, in view of the probable appearance of epidemic cholera in that city at no distant day. There have been four visitations of cholera in the city of New York, producing a mortality of 3513 in 1832; 971 in 1834; 5071 in 1849, and 2509 in 1854. There have been some sporadic cases of cholera this year, sufficient to warn the authorities to attend to the sanitary condition of the city.

Honors Conferred on Medical Men.

Dr. S. W. Gross, son of Professor Gross, of this city, who served as brigade-surgeon from the commencement of the war until the latter part of last June, has had the brevet of lieutenant-colonel conferred upon him by the President, for "faithful and meritorious services." Dr. Gross, we understand, is about to open an office in this city, and to engage in a course of lectures upon Anatomy and Operative Surgery.

We notice also that the same brevet has been conferred on Dr. John Neill, of this city, for his

services in inaugurating the system of hospitals for which this city was so distinguished during the war.

Practical Anatomy.

We would call attention to the announcement of the College Avenue Anatomical School. Dr. Forbes has been successfully engaged in teaching Anatomy for several years, interrupted only by a term of service as volunteer surgeon in the army. The medical colleges leave it optional with the student where he takes his anatomical ticket, and there are some advantages in taking a private ticket. We would recommend students to visit Dr. Forbes' rooms before taking their tickets elsewhere, and see what advantages he offers them.

A Board of Inquiry.

By direction of the Secretary of War, a Board of Inquiry is called to convene at Fortress Monroe to investigate the facts pertaining to the management of the hospitals at Camp Hamilton and Fortress Monroe, past and present.

The board consists of Major J. S. Baker, Surgeon F. J. Bancroft, and Captain S. P. Corlis. They have authority to send for persons and papers that may aid them in making a thorough investigation. This board is appointed by Major-General Miles.

Correspondence.

DOMESTIC.

Rank and Pay of Hospital Stewards.

Editor Med. and Surgical Reporter:

Knowing the interest that the members of the medical profession take in all who are in any way connected with their noble calling, I presume to solicit the publication in your valued periodical of a few observations relative to the rank and pay of hospital stewards.

Only those who have been connected with the medical department of the army can be aware of the vast responsibilities which devolve upon this little respected and poorly remunerated grade of officers. If any one will take the trouble to peruse the hospital steward's manual, he will have some idea of the duties which are imposed upon that enlisted person; but that excellent manual fails, however, to give a correct estimate of the responsibilities which often fall upon the steward.

I am a hospital steward in the army, and since my enlistment, it has fallen to my lot to be stationed at a post where there is no medical officer, and where, consequently, I have to perform the duties of a surgeon. It is true, it seldom happens that stewards are left in charge of hospitals, but it does happen occasionally from unavoidable circumstances, and, as now that the examination to which applicants for the position of steward are subject, is somewhat severe, requiring them to be good apothecaries, and to be in possession of a tolerable knowledge of the less important surgical operations, besides having a good English education. There are few stewards in the army now, (excepting, perhaps, such as enlisted for clerical duty,) who are unable, upon an emergency to fill the absent surgeon's place. Be this as it may, I appeal to the medical profession to judge whether they consider that $33 per month, one ration, and the rank of a sergeant, is sufficient rank and pay for a man who, to be a good steward, must have been at great pains to qualify himself to fill the position.

I quote the following in reference to the qualifications necessary for a steward, from the Hospital Steward's Manual:

"He should be of honest and upright character, of temperate habits, and good general intelligence. He must have a competent knowledge of the English language, and be able to write legibly and spell correctly. This point must be satisfactorily ascertained before he can be enlisted, as, without this qualification, it will be impossible for him to keep the books and records or to attend to the general business of the hospital. In addition, he must have a sufficient practical knowledge of pharmacy to enable him to take exclusive charge of the dispensary, must be acquainted with such points of minor surgery as the application of bandages and dressings, the extraction of teeth, and the application of cups and leeches, and must have such knowledge of cooking as will enable him to superintend this important branch of hospital service. He should be industrious, temperate, patient, and good tempered, and actuated by an honorable desire to minister, to the extent of his ability, to the necessities and comforts of the sick and wounded soldiers who are placed under his charge."

The examinatian of the candidate for the position of hospital steward is now very rigid, and it requires a man of much greater ability and knowledge to pass through it successfully, than it does to pass an examination for the position of quartermaster or commissary of subsistence.

As I write this letter, I am in charge of the hospital at an important military post, and have

been for several months; but for all that, I cannot associate with the officers, because I am an enlisted man, and, for the sake of discipline, I cannot associate with the soldiers, because I am acting post-surgeon, for the time being, and must maintain a certain dignity which belongs to that office, and, although frequently called to administer advice and medicine to those far above me in station, I am not permitted, by reason of my rank, to hold any conversation with them, beyond that which appertains to their disease, and I can assure the medical profession that it is rather humiliating to have to stand at an "attention," as all enlisted men should do in the presence of an officer, then take three steps to the front, examine the patient, make the diagnosis of his case, right-about-face, march to the surgery for the necessary medicine.

Now, the government herders and teamsters at this post obtain about the same pay that I do, and so also a host of quartermaster's employees who are digging ditches and plastering up the buildings in the fort. The blacksmiths and carpenters get exactly twice as much as I do, the quartermaster's clerks nearly three times as much. At a fort some fifty miles from here, the veterinary surgeon receives $75 per month and ration, for dosing one company of cavalry horses and a few mules. If his balls operate, well and good; and if they do not operate, well and good; the death of one of his patients is a matter of small consequence.

But the steward, who has to deal with the sufferings and ailments of his fellow-creatures, how different it is with him! In the treatment of the sick and wounded, when left to exercise his own skill and judgment for their recovery, he must display knowledge and talent of a far higher order than either the blacksmith, carpenter, or horse-doctor need show.

Even supposing the hospital steward is never without a surgeon over him, is he not entitled to the rank of the highest non-commissioned officer?

I understand that a bill for our relief will be presented to Congress during the coming session, and hope that you will speak for us through your valuable publication, and encourage the Government to give us, if not the rank of a brevet second lieutenant of artillery, at least, that of a cadet, and the pay of a blacksmith.

Caduceus.

Dr. S. Graham has been appointed by Gov. Hamilton, to the superintendency of the Texas State Hospital for the Insane at Austin.

Transactions of the American Medical Association.

Editor Med. and Surgical Reporter:

In reply to many inquiries, I would offer the subjoined items for presentation to the medical public, through the columns of your journal. I believe many copies of previous volumes of our Transactions might be sold, which would materially aid our Treasury, and also circulate volumes which are now useless. Subscriptions may be forwarded to the Treasurer, Dr. Wister, 1303 Arch street, Philadelphia, or to me. The postage must accompany the order, or the volume will not be sent. Vol. XVI. is now in press, but will hardly appear before the new year. I should be most happy, at any time, to furnish any information relative to our Association to your subscribers, either through your columns or otherwise.

"Should you desire a copy, please remit three dollars to my address.

"As there are various methods by which the volume may be sent, inform me which you prefer. If by mail, please forward thirty-two cents in post-office stamps, that your postage may be prepaid.

"The following volumes are for sale:

Proceedings of the meeting of organization, 50 cents.

(Vols. I., II., III., IV., and VI. are out of print.)

Vols. V., VII., VIII., and IX., *if taken collectively*, $5 for the set. If singly, $2 apiece.

Vol. X. at $2. Vol. XI. at $2. Vol. XII. at $2. Vol. XIII. at $2. Vol. XIV. at $2. Vol. XV. at $3. Vol. XVI. in press."

Wm. B. Atkinson,
Permanent Secretary.
215 Spruce street Philad'a.

Sept. 2d, 1865.

News and Miscellany.

The Drainage and Sewage of London.

Mr. C. L. Brace, in a series of very interesting letters to the *New York Times* on European Social Reforms, speaks thus of the Drainage and Sewage of London:

"Throughout England, the question of questions for sanitarians is, 'how to get rid of the sewage of towns and yet keep the rivers pure?' In London the difficulty has been peculiarly serious. It is estimated that there are discharged annually into the sewers of this vast city, (not including the rain-fall or the subsoil water), 180,000,000 *tons of sewage!* This mighty river of nastiness, passing through the low grounds on the banks of the Thames, formerly discharged its

contents into that stream at about its level and about the time of low water. As the tide rose, it closed the outlets and pressed back this fetid torrent into the outlaying portions of the sewers, where it remained a stagnant pool for eighteen hours out of the twenty-four. The heavier ingredients were naturally deposited by this process, and accumulated in the sewers, to waft their deadly odors through the streets of the metropolis. Moreover, when long rains set in with high tides, (as often happened,) these fetid and poisonous parts were pressed still further back by the rising water, and rose through the house-drains and flooded the basements of the houses. Still more, as the tide rose, it carried the fresh deposit of filth up the river to new scenes and rural haunts, and then brought it back with the ebb-tide to make a further mixture with the new daily supply—this arrangement ingeniously effecting that the most filth should be dischaged into the river, when its pure water was in the least quantity, and quite incapable of disinfecting such masses of decaying matter. The result naturally was that the Thames became one vast ditch of dirty and fecal material, poisoning the houses on its banks with vile odors, and seriously affecting the health of the inhabitants. Even the Parliament House became almost uninhabitable.

When cholera broke out in that city, it was discovered that its ravages almost precisely corresponded to the places where this drainage was most defective, and where the polluted water of the river was used.

The objects sought in the improved drainage were the following, which we give in the words of Mr. Bazalgette: 'The interception, as far as practicable, of the scourge by gravitation, together with so much of the rain-fall as could be reasonably dealt with so as to divert it from the river near London; the substitution of a constant instead of an intermittent flow in the sewers; the abolition of stagnant and tide-locked sewers with their constant accumulations of deposit, and the provision of deep and improved outfalls for the extension of the sewerage into districts previously, for want of such outfalls, imperfectly drained.'

To carry out these objects new lines of sewers were laid at right angles to the existing sewers, and below their level, so as to intercept their contents and convey them to an outfall fourteen miles below London Bridge. By this means a considerable portion of the sewage is carried off by gravitation, and the rest is removed by pumping. At the outlets the torrent of filthy water is emptied into reservoirs, placed at such a level as will enable them to discharge into the river about the time of high water.

In this improved arrangement, the works for which were commenced in 1859, the discharge of organic material is at once diluted by the large volume of water in the Thames at high tide, and is also carried by the ebb tide twenty-six miles below London Bridge before it begins to return, when it is too much comminuted to be of any injury or annoyance. The reform has been a most important one, and has had a most decided influence on the death-rate of the metropolis. Still it is not at all regarded by Sanitarians as a complete arrangement. Here is emptied into the sea 180,000,000 tons annually of important fertilizing material, and it is estimated that if the manurial constituents were extracted from this and dried, they would be worth 8s. 4d. per head of the population annually, or in round numbers, over $6,000,000, which large value is now entirely lost. A company, I understand, is being formed to do what has been done in several places of England, with such success, to utilize the sewage of London on barren land.

In regard to the details of the London drainage, it may be stated that the mean velocity of the flow to prevent deposit, had been found to be about one and a half miles per hour, when the sewer is running half full.

The quantity of sewage is ascertained to be about in proportion to the water supply, which is some thirty gallons per head per diem. The form of sewers adopted is, for the intercepting sewers, circular; and for the minor branches, egg shape, with the narrow part downward.

The total cost of the sewers of London, when all completed, will be about $20,500,000. This sum is to be raised by loan, which is to be paid by a rate on the metropolis, producing about $900,000 annually; the principal and interest to be paid off in forty years.

There are about 1,300 miles of sewers in London, and 82 miles of main intercepting sewers. For material 318,000,000 bricks have been used, and 880,000 cubic yards of concrete; and 3,500,000 cubic yards of earth have been excavated. The pumping power employed is equal to that of 2,380 horses.

The total discharge, it is expected, will be 63,000,000 cubic feet per diem, "which is equal to a lake of 482 acres three feet deep."

Ventilation.

A short time ago General Morin read a paper to the Paris Academy of Science on the ventilation of public buildings. The fundamental principle of good ventilation, he observed, was as follows:

"To draw off the vitiated air from the stratum nearest the floor; that is, in the immediate vicinity of the persons in the room, and to admit pure air through the ceiling or apertures made in the walls close to it. In winter the air to be introduced may be previously warmed by an apparatus placed under the roof; but in summer considerable difficulty is encountered in lowering the temperature of the air to be admitted, since the sun having darted its rays upon the roof during the day, the space under the roof is so hot that instead of admitting cool air, it penetrates into the building at a much higher temperature than that of the interior. General Morin has tried four different plans for cooling the air. The first consisted in making it pass through a space filled with pulverized water—that is, reduced to a sort of dust, as it were, by making two jets of water strike against each other with great violence. By this method the temperature is only lowered by two degrees, and moreover it would require a considerable quantity of water and costly machinery to effect it, unless ample water-power

were at command. The second plan consists in making the air pass along the sides of metallic vessels containing water, which may, if necessary, be cooled with ice: but here again there is the difficulty of giving the cooling surfaces a sufficient development—a condition which cannot easily be complied with, and which, therefore, in point of fact, renders this method impracticable. The third consists in making openings on that side of the building which is never exposed to the action of the sun, while the vitiated air is drawn off through metallic tubes, the draught of which is increased by the action of the solar rays to which they are exposed. On the side exposed to the sun, the windows should be closed with blinds, or in the case of skylights, the glass panes may be watered outside. The fourth process will be easily applicable as soon as Paris can command abundance of water by the new aqueduct of the Dhuys. It imitates the natural effect of rain, and is very efficacious, since one cubic metre and a third per hour will suffice to water 100 square metres of roofing, which will thus be prevented from being over-heated by the sun. Applied from an early hour in the morning, and continued as long as the sun shines on the building, it not only prevents the roof from getting hot, but will reduce the interior temperature of the building very considerably, and cool the air admitted into the garret or space under the roof. As this operation of watering need not be performed for more than sixty days every year, the cost for a large railway station, like the Orleans one, for instance, would not exceed 1000f. each season."

Antiquity of Man.

Galignani says that at the last meeting of the Paris Academy, M. Robert read a paper on flint implements, beginning with some remarks about the quarries of St. Priest, near Chartres, where a large number of bones of the elephant, rhinoceros, and other pachydermata had been found.

He states that, after a minute examination, he has been unable to find on these bones the slightest mark, except such as had been produced by the stroke of the piekaxe or shovel in bringing them out. Some, indeed, might have been caused by the violent rolling of pyromachous flints over them. The bones, moreover, had not been found in a sandy, but in a pebbly soil; and our author expresses surprise at finding the ground, and certain caverns at Leves, nearly covered or filled with the above-mentioned flints, all agglutinated together with a kind of reddish clay, containing much hydrate of manganese. M. Robert contends that all the supposed marks of instruments observed on fossil bones, must have been produced by the rolling of broken flints driven forward by the elements. He seems to forget, however, that some of those marks were actually representations of animals and other visible and well-known objects. But, on the other hand, returning to the subject of Pressigny le Grand, he declares, as before, that the fragments of flint found there are not by any means instruments made by the savage ancestors of the Celts, but are the refuse left there after fruitless attempts had been made to get good gun-flints out of the particular quality of flint so abundant there. As this quality did not answer the expectations of the workmen, they desisted, and went to the neighboring departments to find a sort of stone more applicable to their purpose.

Prostitution Licensed in Nashville.

Americans have been slow to follow the example of European cities in licensing prostitution. In but a single instance has it been done, so far as our information extends. Two years ago, when Gen. Rosecrans commanded the Army of the Cumberland, syphilitic disease prevailed to such an extent as to disable hundreds of his soldiers. In the month of July, the General ordered all the abandoned women out of the state, and a whole cargo of unfortunates were shipped North. The boat touched at Louisville, but was ordered away by the authorities. It then attempted to land its freight at Cincinnati, but failed. It anchored in the river a few days, and soon after departed for Nashville, where it subsequently arrived and unloaded, costing the Government several thousand dollars. But Rosecrans was not to be frustrated. His men were not only being made unfit for service, but a great number of them had been absolutely ruined by their unlawful companionship with lewd women. As the terrible evil could not be annihilated, it was at once resolved to legalize and systematize the avocation of prostitution. Hospitals for the reception of diseased women were speedily built, examining physicians appointed, etc. etc. The result claimed for the experiment was, that in Gen. Sherman's army of 100,000 men or more, but one or two cases were known to exist, while in Rosecrans' army of 50,000 men, there had been nearly 1500 cases. The women were examined once every ten days, paying two dollars for an examining fee, and five dollars a month to ply their avocation. The money was appropriated to hospital uses, and provision thus made for the sick of this class. The institution was nearly self-supporting, the entire expenditure of the hospital for ten months being $6,154, to meet which the fees collected from abandoned women amounted to 5,900. Such are the statements made by a correspondent of the New York *Times*, writing from Nashville.

Preservation of Flowers with their Natural Colors.

Dried flowers, in their natural colors, have for some time past appeared for sale in the shops. The mode in which the operation is effected is this: A vessel, with a moveable cover, is provided, and having removed the cover from it, a piece of metallic gauze of moderate fineness is fixed over it, and the cover replaced. A quantity of sand is then taken sufficient to fill the vessel, and passed through a sieve into an iron pot, where it is heated, with the addition of a small quantity of stearine, carefully stirred, so as to thoroughly mix the ingredients. The quantity of stearine to be added is at the rate of half a pound to one hundred pounds of sand. Care must be taken not to add too much, as it would sink to the bottom and injure the flowers. The flowers thus become dried, and they retain their

natural colors. The vessel still remaining bottom upward, the lid is taken off, and the sand runs away through the gauze, leaving the flowers uninjured.—*Journal of the Society of Arts.*

On the Ebullition of Water.

M. Dafour, of Lausanne, says that when we study the ebullition of water, either at different temperatures or different pressures, we know that the dissolved air plays a very important part in the production of the phenomena. The author said that it was interesting to examine the action of other soluble gases. M. Dafour made experiments upon hydrogen, carbonic anhydride, and illuminating gases. The conclusions are that the difficulty with which the gases quit the liquids which hold them in solution is owing to an adhesion purely physical, and not from any chemical affinity. It is immaterial which gas is combined with the liquid.—*Cosmos.*

Homœopathic Medicines.

Dr. Taylor, the celebrated chemist, in his testimony before the Select Committee of Parliament on Chemists' and Druggist's bills, in reply to questions in relation to the practice of the homœopaths, said:—They say that aconite is in the globules, but I have never found any trace of it; I have been told our chemistry is not refined enough to trace it; we go to the hundred-thousandth, they put in the millionth. The globules consist of sugar and starch. I believe the homœopaths use tincture of aconite. In one instance I detected a strong dose of morphia in medicine prescribed by a homœopathic practitioner. Six powders were made up—three contained sugar of milk, and three contained morphia and calomel. In examining the homœopathic powders, I found in some of them upward of a grain of morphia. They do not always, as they profess, use homœopathic doses. The powders were numbered to be taken on certain nights, and in every other powder there was sugar of milk, and in every other powder morphia and calomel.

The Circulation and its Discovery.

"Harvey pretends," said Parisanus of Venice, "that when the hand is laid on the region of the heart, and the ear applied there, we can feel a shock and hear sounds. This may be so in London; but not so in Italy. No doubt we may be deaf; but, at all events, we can hear nothing of the sort." Primerose, of Montpelier, said: "Our forefathers cured their patients very well, and yet they knew not the things which Monsieur Harvey teaches. Of what use, therefore, are they?" Riolan wrote to Harvey: "I admire thy discovery of the circulation of the blood, thy skill and ingenuity; but I must tell thee that thou hast endeavored to prove many absurd things, and still more false things."

A New Circulation.

Dr. Bence Jones, in a lecture recently delivered (says the *Boston Med. Jour.*) at the Royal Institution, says there are good grounds for believing that there exists within us, in addition to the mechanical or animal circulation of the blood, another, and a greater and more strictly chemical circulation, closely resembling, if not identical with, that which obtains in the lower divisions of animals, and in vegetables. A circulation in which substances continually pass from the outside of the body into the blood, and through the blood into the textures, and from the textures either into the ducts, by which they again pass into the blood, or are thrown out of the body; or into the absorbents, by which they are again taken back into the blood, again to pass from it into the textures.

Death from Purulent Infection.

The French journals, says the *Brit. Med. Journal*, announce the death of M. Bauchet, surgeon, of St. Antoine, from a poisoned wound of a finger resulting from dressing a purulent sore of a patient. A writer in *L'Union Médicale* says:

"If he had performed his hospital dressing with chloride of sodium, permanganate of potass, or alcohol, we should probably not have had to deplore the death of this young and deserving *confrère*. In 1831, I punctured my finger while dissecting. Notwithstanding caustic and fomentations, I had, two days afterward, shiverings, headache, nausea—all the signs of purulent infection. I went to Breschet for advice; and he said, 'Go at once to the Café Procope, order half a bowl of punch, drink it burning hot, and run home to bed.' I followed the prescription to the letter, and was in fact, helped home by two friends. It was the only time in my life I ever got tipsy. I slept fifteen hours, and during the whole time sweated profusely. On the following day, all the symptoms of septicæmia, as M. Piorry would say, had disappeared."

Action of Petroleum on the Human System.

Landerer relates the case of a man who swallowed a quantity of petroleum; the greater part he vomited again. It caused a strong burning sensation in the tongue and throat, which were reddened and became swollen. The stomach and bowels were also affected, and slight gastro-enteritis ensued. For several days the urine and sweat smelt strongly of the oil, and the odor was specially strong under the arm-pits. The patient was very weak for a time, but recovered. —*Chem. Central Blatt.*

To Perserve Flowers.

It is with great regret we see the flowers of a fine nosegay fade away in the course of a day or two, notwithstanding the care we take to change the water in which we have put them. The *Memorial des Deux Sèvres* informs us that if a good spoonful of charcoal powder be added to the water, the flowers will last as long as they would on the plant, without any need of changing the water or taking any trouble at all.—*Dublin Med. Press.*

Cleansing Sponges.

In performing any operation in which rapidity is necessary—*e. g.*, tracheotomy—Roser, of Tübingen, observes that a sponge is more rapidly cleaned by pressing it on a towel than by washing.

Bequests.

The late Mr. Thornton, who died worth nearly four millions, has bequeathed £2000 to each of the following medical charities: viz., Guy's Hospital, St. Thomas's Hospital, the London Hospital, the *Dreadnought* Hospital Ship, Bethlehem Hospital, St. Luke's, the Hospital for Idiots, the Orthopædic Hospital, St. Mark's Hospital, the Hospital for Incurables, the Hospital for Consumption, Victoria Park, and the London Truss Society—making a total of £24,000 to medical charities alone. The deceased has been equ lly liberal with other non-medical institutions.—*Dublin Med. Press.*

Effect of Iron on Plants.

It is stated by several agricultural journals that by watering plants with sulphate of iron the most extraordinary results may be obtained; beans, for instance, will grow to double their size, and acquire a much better taste; the same is the case with pears and other fruit. Water kept in a tub with a quantity of old nails in it may also be used for watering with good effect.

MARRIED.

Cruice—Jones.—August 7, at the Church of St. Andrew, Westland Row, Dublin, by the Rev. Canon Lynch, William H. Cruice, Esq., Surgeon, R. N., son of D. J. Cruice, Esq., R. M., Killarney, and Margaret Josephine, daughter of the late Samuel Jones, Esq., J. P., Ardbear House, county Galway.

Cushman—Donnally.—By Rev. M. Luther Todd, at Point Pleasant, West Va., Aug. 2d, Wm. H. Cushman, M. D., of Charleston, Kanawha County, and Miss Cornelia J. Donnally, of Point Pleasant, Mason County.

Hunert—Cheney.—By Rev. Maxwell P. Gaddis, Sr., pastor of M. E. Church, at Yellow Springs, Ohio, at the residence of the bride's father, Aug. 17th, Mr. George Hunert, of Cincinnati, and Mary E., daughter of Dr. A. Cheney, of Yellow Springs.

Hutchinson—Fisher.—On Thursday, Aug. 31st, by the Rev. Edward C. Bittinger, Chaplain, U. S. N., Dr. William F. Hutchinson, U. S. N., and Miss Emma C. Fisher, of this city.

Mellinger—Fowler.—Aug. 30, 1865, by Rev. John Thompson, at the residence of the bride's parents, James H. Mellinger, M. D., and Miss Emma Grace Fowler, both of Philadelphia.

DIED.

Dale.—On Monday, 28th ult., Mrs. Margaret Dale, widow of the late Dr. Richard C. Dale, of Delaware, aged 81 years and 10 months.

Francis.—In New York, on Tuesday, Aug. 29, McAllister, youngest son of Dr. Samuel W. and Harriet H. Francis, aged 8 months and 17 days.

Warner.—Suddenly, at Sing Sing, on the Hudson, on Monday evening, Aug. 28, Elizabeth Gray, wife of Lewis T. Warner, M. D., and daughter of John F. Gray, M. D.

Waters.—At Fort Leavenworth, Kansas, on the morning of August 19, Abby Jane, wife of Dr. W. E. Waters, U. S. A.

ANSWERS TO CORRESPONDENTS.

Dr. R. B. R., Amityville, Pa.—The botanical specimen forwarded by you is the *Polygonum Pennsylvanicum*—knot-weed. It is a common weed in almost all parts of this country.

Dr. L. S., Washington, D. C.—The American Journal of Ophthalmology was discontinued early last year.

Dr. A. W. B., Lexington, Ohio, and others.—Human skeletons are very expensive just now, on account of high duties, and the great cost of ether used in bleaching them. They can be procured at about the following prices:—

The bones unwired and unbleached, . .	$12 to $15
" " " bleached, . . .	20 to 25
The skeleton wired and unbleached, . .	30 to 35
" " " bleached, . . .	55 to 65

Dr. L. G. H., Dunkirk, N. Y.—Jorg's apparatus for Torticollis will cost $25. The following measurements will be wanted if the patient cannot be seen by the maker of the apparatus:—Around the waist; around the chest, under the axillæ; from hip to axilla; and to state toward which side the head leans.

Dr. A. M. H., Mt. Joy, Pa.—Vols. 4 to 12 inclusive of Medical and Surgical Reporter bound, sent by Express August 28.

Dr. W. W. H., Havre de Grace, Md.—Vols. 9 to 12 inclusive, of Medical and Surgical Reporter, and two Vols. American Medical Monthly, sent by Express, August 28.

METEOROLOGY.

August	28,	29,	30,	31,	S. 1,	2,	3.
Wind.....	W.	W.	S. W.	S. W.	S. W.	S.	S. W.
Weather.....	Clear.	Clear.	Clear.	Clear.	Clear.	Cl'dy, Rain.	Clear.
Depth Rain.....						4-10	
Thermometer.							
Minimum.....	56°	62°	63°	63°	67°	65°	68°
At 8 A. M.....	65	70	72	68	72	73	75
At 12 M.....	72	76	79	79	84	78	80
At 3 P. M.....	73	76	79	78	85	80	84
Mean.....	66.50	71.	73.25	72.	76.50	74.	76.75
Barometer.							
At 12 M.....	30.2	30.2	30.3	30.4	30.2	30.	29.9

Germantown, Pa. B. J. Leedom.

AMERICAN MEDICAL ASSOCIATION.

Members desiring copies of the Transactions for 1865, must forward their subscriptions ($3) immediately, as the number of copies published will be but slightly in excess of the number of subscriptions.

Wm. B. Atkinson,
Permanent Secretary,
215 Spruce street, Philadelphia.

Aug. 12, 1865.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64 Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers,* of No. 414, Feb. 4, 1865.

THE

MEDICAL AND SURGICAL REPORTER.

No. 446.] PHILADELPHIA, SEPTEMBER 16, 1865. [Vol. XIII.—No. 12.

Original Department.

Communications.

THE FOOD AND THE TEETH.

Observations on the Inorganic constituents of the Food of Children, as connected with the Decay of the Teeth, and the Physical Constitution of Women in America.

[The following very valuable and instructive paper was read before the District Medical Society for the County of Mercer, N. J., some years ago, by the late James Paul, M. D., of Trenton. There is so much in it worthy the consideration of the profession and the public, that we deem it of sufficient importance to reproduce it.—Ed. Med. and Sur. Rep.]

The subject to which I have the pleasure of directing your attention is, not only in a physiological point of view, one of interest, but in its application to the preservation of health—the tendency to improve the general condition and physical constitution of the human family inhabiting this great continent—a continent abounding, as it does, in all the productions which a bountiful Creator, in his beneficence, bestows on man—cannot be otherwise than of great and paramount importance.

At a period somewhat now remote, the celebrated naturalist, Buffon, alluding to the animals of this continent, advanced the following opinions:

1st. That the animals common both to the Old and New Worlds are smaller in the latter.

2d. That those belonging to the New are on a smaller scale.

3d. That those which have been domesticated in both, have degenerated in America.

4th. That, on the whole, it exhibits fewer species.

These opinions, Mr. Jefferson, in his "Notes on Virginia," undertook, and it is generally considered successfully, to controvert; yet, however repugnant to the general idea the opinion as to the tendency of those animals which have been domesticated in America from other countries to degenerate, it is an undeniable and much to be regretted fact, that the human family, and more particularly the female portion of that family, have declined in the vigor and strength of their physical constitution.

I wish not to be misunderstood: I say it is a melancholy fact, too well known to the observant physiologist, that increase of strength, and development of frame, have not been attained by the intermarrying of members of the human family of different nations on this continent; but the reverse is too observable: the physical frame of the female sex has degenerated—calling loudly for the aid of science to arrest an evil of so much magnitude.

Let us for a moment contemplate the female form, as seen on this broad continent. In no country in the world are children more fair and beautiful; and as the young girl grows up to womanhood, we see in her a full realization of that being forming in the hands of Divinity, portrayed by the poet, as seen by Adam in his dream:

"Under his forming hands, a creature grew,
Manlike, but different sex; so lovely fair,
That what seemed fair in all the world, seemed now
Mean, or in her summed up, in her contained,
And in her looks;"—

We see this young and lovely being—the forehead well developed—the countenance, rather elongated, relieved of the harsher outline of some of the European nations—with fragile form, and small, yet well-developed bust, flitting for a few short years among us, and then—yes, then there comes a change. Ere five and twenty summers pass, this flower begins to fade—the rounded form shrinks—the bloom of health decays; and if she escapes the fell destroying angel's death-like grasp, a wreck of former self remains.

Why should this be so? The robust of other countries come to this continent—they live in comfort—their food is excellent in quality—their progeny is like themselves—but even now, in the very first generation, does the degenerating process make itself manifest—the teeth begin to decay; and girls, while yet children, have to visit the dentist to have them cleansed, scraped, and plugged.

Now this brings us at once to the head and front of our subject; and if we can point out the

first cause of this decay of what should be as strong as adamant, it may be the means of helping us in our investigation. That there is something radically wrong in our system of rearing the young, to which this misfortune is in a great measure owing, I am free to confess, is my firm opinion. I would indeed it were in my power, in pointing out the evil, to be as successful in detailing the cause, that we may apply the remedy. Still, although perhaps unable to accomplish all I wish, my observations may not be without their weight, and induce others, more observant, more scientific, and more competent to the task, to follow up an investigation so fraught with advantage to our fellow-beings.

It is certainly to be deplored that the females of this continent, descendants of European parents, should be so much afflicted with caries of the teeth—the decay of parts formed of substances which enter into the composition of some of our hardest minerals—marble, bone-earth and fluor-spar; and this decay unfortunately occurs in early life—in girls yet at school; and many a young woman, ere she has attained a marriageable age, has had to replace the natural with the unnatural, though more enduring enamel of the artist's formation. This ought not to be: God made all mankind alike; in no portion of the earth are nations found who lose their hands, or feet, or tongue, or eyes: and there can be no cause why the inhabitants of this land should loose their teeth. It is not so in the olden countries from whence the progenitors of the present race have come; nor is it so in the West India Islands, which may almost be considered as part of this great continent. So excellent is the structure of the teeth of savage nations, that some tribes in Africa, I think the Mocoes and Mundingoes, file all the front teeth, so that they shall be separated and form sharp points, the better to tear the uncooked animal food.

One cause of this affliction is, in the mind of many, attributed to the great and sudden changes of temperature experienced on this continent—the thermometer rising and falling 20, 30, and even 40 degrees in twelve hours. But if attributable to these sudden changes, we know that sudden expansion by means of heat, or sudden contraction by means of cold, causes the particles of which bodies are composed to tear themselves asunder; consequently to crack, break, and fall in pieces. But this is not the case with the teeth of our females; a caries or decay commences most generally in the side of the tooth, extending to the enamel, which is sometimes involved in the destruction; at other times, it is left a crust or shell to snap and break off in small pieces, when unable to resist the pressure of whatever may be placed against it; besides, the teeth are for the most part sheltered from these sudden changes, and kept at a temperature nearly amounting to blood-heat at all seasons. I do not think we can place the general destruction of the teeth, and consequent affliction of the females of America, to this cause. I fear we must rather look for it to constitutional weakness, and this constitutional weakness to a deficiency of the inorganic or earthy constituents being taken into the system, more particularly at an early period of life.

If I am correct in this opinion, and reason, philosophy, and a thorough examination of physiological facts in both the animal and vegetable economy, tend far to bear out these views, then if we would try and correct this lamentable state of things, let us commence at the very beginning, and make ourselves acquainted by examining the structure and composition of the teeth, and then we shall be more able to understand what is required to aid nature in their formation and consequent preservation.

First, then, let us make ourselves acquainted with the structure and composition of the teeth. The teeth are nearly allied to bone in structure; both having earthy deposits, intermixed with fibres and cells of gelatine, which, by consolidation, gives form and strength—in the case of bone, to bear the weight of the various parts, and afford protection to the different organs of the body: and in the case of teeth, to cut and grind the food required for the formation, support, and reparation of its various parts.

Now, teeth are composed of three different substances, and these three are disposed according to the purposes required of them; they are, *cementum* or *crusta petrosa*, *dentine* (known as ivory in the tusk of the elephant), and *enamel*. The *cementum* or *crusta petrosa*, corresponds in all especial particulars with bone; possessing its characteristic *lacunæ* or small cavities, and being traversed by vascular medullary canals, whenever it occurs of sufficient thickness; it is the first covering of the young teeth, and may be said to invest the fang of the tooth which enters the alveolar process of the jaw. The *dentine*, or ivory, consists of a firmer substance, in which inorganic or mineral matter predominates, though to a less degree than in *enamel*. It is traversed by a vast number of very fine cylindrical, branching, wavy tubuli, which commence at the pulpy cavity, and radiate toward the surface. The diameter of these tubuli, at their largest part, averages about one 10,000th of an inch: their smallest are im-

measurably fine; so much so, that they cannot possibly receive blood, but it is surmised that, like the canaliculi of bone, they imbibe fluid from the vascular lining of the pulp-cavity, which aids in the nutrition of the tooth. The *enamel* is composed of solid prisms of fibres, about the one 5,600th of an inch in diameter, arranged side by side, and closely adherent to each other; their length corresponds with the thickness of the layer which they form; and the two surfaces of this layer present the ends of the prism, which are usually more or less hexagonal. In the perfect state, the enamel contains but an extremely minute quantity of animal matter. In the centre of the tooth is the soft pulpy cavity, which affords a bed for the blood-vessels and nerves which supply it with life and sensibility.

I shall not enter more minutely into the structure of the teeth, but may briefly state, that like all other structures of the animal body, the component parts are derived and deposited from the blood, by that mysterious and incomprehensible power that selects and deposits the necessary constituents in the formation of the several portions, according to the use required.

Now, in the composition of the teeth, we have first the division into organic and inorganic or earthy matter; and we find that the several substances which enter into the structure of the teeth, differ chiefly as to the earthy matter contained in each.

Chemical analysis of the incisors, or front teeth of man, show that they contain in one hundred parts of each, as follows:

	Cementum	Dentine.	Enamel.
Organic Matter	29.27	28.70	3.59
Earthy Matter	70.73	71.30	96.41
	100.	100.	100.

These proportions will occasionally differ; in some individuals the organic constituents having less than here stated, amounting in the dentine only to 21. The analysis of bone, however, gives a much larger proportion, viz.

Organic Matter	32 56
Earthy Matter	67.44
	100.

Let us now take a more complete analysis, showing what earthy constituents enter into their composition. Analysis of the molar or grinding teeth of man, and of the bones of the arm and leg of a man of forty, show the following proportions:

	Dentine.	Enamel.	Bone.
Inorganic Matter:—			
Phosphate of Lime, with traces of Fluate of Lime	66.72	89.82	54.61
Carbonate of Lime	3.36	4.37	9.41
Phosphate of Magnesia	1.08	1.34	1.07
Salts, etc.	.83	.88	2.35
Organic Matter	28 01	3.59	32.56
	100.	100.	100.

Thus we see the very great proportion of certain earths that enter into the structure of the teeth and bone of man the chief substance being the phosphate of lime, familiarly known as bone-earth. We find, too, that whereas in ordinary bone the phosphate of lime constitutes only 54 parts in 100, in the enamel of the teeth it is nearly 90 parts in 100—while the carbonate of lime in bone amounts to 9.41, in the enamel of teeth it is only 4.37; the enamel being literally almost a mineral in substance, having only 3.59 parts of animal matter in 100.

Thus the teeth to be strong and durable, require a large quantity of earthy ingredients, particularly *lime*, to enter into their composition. Let us inquire whence it is derived; and for this we must examine the blood.

To allow of such deposits from the blood, it is first necessary that they should be held in solution in that fluid. You are no doubt aware that the blood circulates to every portion of the body by the action of the heart, which forces a certain quantity, say 2 oz. at every contraction, into the aorta or great canal leading from the left ventricle—that the aorta divides and subdivides into innumerable branches, which are made to ramify to every part of the body, until the extreme branches end in capillary tubes or vessels, the calibre of which is so small as not to allow the red globules or corpuscles of the blood to enter them, but which allows the serous portion to traverse every part of the organized structure, holding in solution all those constituents necessary and requisite for the formation and reparation of its several parts.

In the serous portion of the blood, then, we find contained the constituents required for the composition of bone and teeth—analysis of 1000 parts of healthy human blood giving, according to M. Lecanu, the following proportions:

Water	780 15	785.58
Fibrine	2.10	3.57
Albumen	65.09	69.41
Coloring matter	133 00	119.63
Crystalizable fat	2.43	4.30
Fluid fat	1.31	2.27
Extractive matter, uncertain	1.79	1.92
Albumen in combination with Soda	1.26	2.01
Chlorides of Sodium and Potassium; Carbonates, Phosphates and Sulphates of Potash and Soda	8.37	7.30
Carbonates of Lime and Magnesia; Phosphates of Lime, Magnesia and Iron; Peroxide of Iron	2.10	1.42
Loss	2.40	2.50
	1000.	1000.

We see by this table, if we subtract or take away the proportion of water amounting to 780 parts, and the coloring matter amounting to 133, we shall leave scarcely 90 parts of organic and earthy material, the salts and earths forming

upwards of a 10th—the salts being in proportion to the earths as 4 to 1.

Having then shown the constituent portions of the bones and teeth to be in the blood, the next consideration is, whence are they derived?

Before entering on this subject further, let us for a moment take a broader and more comprehensive view of what must be most interesting to mothers, and of great consequence to the well-being of the infant generation, in a short time, in a very few years, to become in their turn the mothers and fathers of another generation.

The question then presents itself, what is the nourishment or food best adapted and necessary to the wants of an infant, that the foundation may be laid for a strong frame and vigorous constitution? For here, we must recollect, is the starting point in by far the majority of instances. We know that in some cases disease is hereditary—that the offspring unfortunately inherits from the parents constitutional defects; but we also know that more misery, suffering, and constitutional derangement, are entailed on children by want of care, and improper food in the first years of life, by which their hopes of health are blasted, and they are doomed to struggle through a weary life, to be hurried at last into a premature grave.

Now, that the frame—that is, the bones, muscles and other portions of the infant—may be fully developed, it is necessary that it should be supplied with nourishment, containing all the constituents required for this important undertaking. And this nourishment, by the all-wise ordering of Providence, is contained in the milk secreted from the mother's bosom.

The infant is entirely dependent on the nourishment derived from its mother, and nature has wisely ordained that the secretion from the mother is its very best food; for we find in the composition of milk—that is, healthy milk, derived from healthy blood—all those ingredients we have hitherto traced as requisite in the formation of the bones and teeth, and not only these, but every constituent required for the life and growth of the individual;—milk containing the albuminous, saccharine, oleaginous, saline, and earthy compounds requisite and necessary for the health, strength, and development of the infant child.

How thankful ought we to be to the all-wise and bountiful Giver of all good, for this beneficent, this wonderful provision in nature, by which there shall be secreted from the mother, a fluid so important, having properties blended in intimate connection, to afford the requisite substances for the support, growth and development of her offspring.

An analysis of cow's milk gives the following proportions of the various constituents; that of human milk is not so elaborate, but contains the average of observations taken at fourteen different times from the same individual, by Simon.

Cow's milk by M. Haidlen.

Water	873 00
Butter	30.00
Caseine	48 20
Milk Sugar	43.90
Phosphate of Lime	2 31
Phosphate of Magnesia	.42
Phosphate of Iron	.07
Chloride of Potassium	1.44
Chloride of Sodium	.24
Soda in connection with Caseine	.42
	1000.

Woman's milk by Simon.

Water	883.6
Butter	25.3
Caseine	34.3
Milk Sugar and Extractive Matter	48.2
Fixed Salts	2.3
	1000.

	Maximum of 14 observations.	Minimum of 14 observations.
Butter	54 0	8.0
Caseine	45.2	10.6
Sugar and Extractive Matter	62.4	39.2
Salts	2.7	1.6

Now although these amounts will no doubt vary, under every variety of circumstances, according to the *health*, *exercise*, *passions*, and *food* of the mother, yet they show what I particularly wish to impress on your minds, that healthy milk contains all the requisites for the nourishment of the infant—but then it must be *healthy* milk, secreted from healthy blood, and that blood must derive these ingredients from the *food* consumed, otherwise they will be taken up from the structures of the body, and hence the havoc made in nursing females when a due allowance of proper aliment is withheld, and the shrunken body of the famished mother is drained to the last drop, to supply the cravings of the death-like and impoverished offspring.

I have said that the composition of milk in quality and quantity, will vary and depend on circumstances. Now the mental state exerts a surprising influence on this secretion, and much more than is usually supposed. It may not be irrelevant to mention a few of the cases recorded in our journals,* of the influence of strong mental excitement on this secretion.

"A carpenter fell into a quarrel with a soldier billeted in his house, and was set upon by the latter with his drawn sword. The wife of the carpenter, at first, trembled from fear and terror, and then suddenly threw herself furiously be-

* From Carpenter's Physiology.

tween the combatants, wrested the sword from the soldier's hand, broke it in pieces, and threw it away. During the tumult, some neighbors came in and separated the men. While in this state of strong excitement, the mother took up her child from the cradle, where it lay playing, and in the most perfect health, never having had a moment's illness; she gave it the breast, and in so doing, sealed its fate. In a few minutes the infant left off sucking, became restless, panted, and sank dead upon its mother's bosom The physician, who was instantly called in, found the child lying in the cradle, as if asleep, and with its features undisturbed; but all his resources were fruitless. It was irrevocably gone."

"A lady having several children, of which none had manifested any particular tendency to cerebral disease, and of which the youngest was a healthy infant a few months old, heard of the death of the infant child of a friend residing at a distance, with whom she had been on terms of close intimacy, and whose family had increased cotemporaneously with her own. The circumstance naturally made a strong impression on her mind, and she dwelt upon it the more, perhaps, as she happened at that period to be separated from the rest of her family, and to be much alone with her babe. One morning shortly after having nursed it, she laid it in its cradle, asleep and apparently in perfect health; her attention was shortly attracted to it by a noise, and on going to the cradle, she found her infant in a convulsion, which lasted for a few minutes, and left it dead."

"A mother had lost several children in early infancy from a convulsive disorder. One infant, however, survived the usual fatal period; but whilst nursing him one morning, she had been strongly dwelling on the fear of losing him also, although he appeared a very healthy child. In a few minutes after the infant had been transferred into the arms of the nurse, and while she was urging her mistress to take a more cheerful view, directing her attention to his thriving appearance, he was seized with a convulsion-fit, and died almost instantly."

These are interesting cases, and tend to show the great influence the mental affections exert on the secretion of milk, in rendering it deleterious in quality, and unwholesome to the infant.

[To be continued.]

"Stimulants do not create nervous power," says ERGATES, in one of Sir B. BRODIE's admirable conversations, "they merely enable you, as it were, to use of that which is left, and then induce necessity for sleep."

BENZOLE GAS.

DOES BENZOLE, OR BENZINE GAS, EVOLVED DURING THE PROCESS OF REFINING PETROLEUM, OR CRUDE CARBON OIL, ACT AS AN ACRID OR CORROSIVE POISON, WHEN ABSORBED INTO THE SYSTEM?

[An intelligent correspondent in the "Oil region" of this State, furnishes the following communication, which, we trust, will induce others to give the profession the benefit of their observations in this connection.—ED. MED. & SURG. REP.]

Within the last few months, during the hot summer weather, my attention has frequently been called to the above question. I will quote from my note-book several cases among many that came within my range of observation, and will hope to receive some replies from the profession.

CASE 1. June 30th, 1865. Was called at night to see Mrs. M., aged about 30 years, who had that day been brought from Oil City, after an illness of four weeks. Had been living in close proximity to a refinery. Found extreme nervous prostration, constant retching and eructations of wind, occasional vomiting of a greenish yellow matter, violent purging of watery, yellowish stools, tongue deeply red, and pain in epigastric and hypogastric regions. Much restlessness and anxiety. Not much headache. Had been in this condition nearly all the time. Had been some better several times. Prescribed lime-water and milk, mucilaginous and demulcent drinks, morphiæ acetas, hydrocianic acid, counter-irritation, and enema of starch, tinc. opii., and plumbi acetas. Improvement gradual, but decided.

CASE 2. June 30th, 1865. Was called to see Miss W., age 18 years, who had been brought home from Oil City by her parents. Had been living with a married sister, in the vicinity of a refinery. Had been sick seven or eight days at Oil City, before they brought her home. Found tongue deeply red with papillary elevations, great irritability of stomach, constant eructations and retching, with occasional vomiting of a yellowish matter, mixed with mucus. Severe headache, high fever, and the conjunctiva injected. Thirst and restlessness. The alvine evacuations were frequent—stools thin, watery, and of a yellowish color, with great pain in the hypogastric region, and some pain in epigastrium. Treatment same as mentioned in the above case. Recovered rapidly for a while, but being exposed, through want of attention, the windows having been left open at night by the attendant, and during a storm, she had an attack of pneumonia, from which she has since recovered.

CASE 3. July 12th, 1865. Was called to see

Miss T., age sixteen years. Had been working at Oil City, at the millinery trade. Was brought home by her friends on account of her illness. Was taken sick with purging and vomiting about two weeks ago Has, at present, pain in hypogastric region and in epigastrium, high fever, headache, restlessness, conjunctiva considerably injected, pulse 120. Tongue deeply red, with some papillary elevations. Much sickness at stomach, and constant retching, eructations, with occasional vomiting of greenish yellow mucus. Alvine evacuations frequent, and stools thin, watery, and yellowish. Has much thirst. Has also congestion of lower lobule of left lung. Treatment same as followed in similar cases, and modified to suit indications with respect to pneumonia. She recovered rapidly, and in three weeks was able to be at her work again.

I might cite many similar cases, but the above I deem sufficient for the attainment of my object. I desire to elicit the opinions of my professional *confrères* upon this matter, and, if possible, to induce those who have the means at hand, to demonstrate and settle this question by chemical analysis. I live about fifty miles from Oil City, and hence, in my practice, see only those cases who, by the promise of high wages, have been tempted to that place to labor. In a few weeks, or months at best, they return home sick, or, if too ill to come themselves, are brought home by their friends. The cases I have detailed are among the severest, and by inquiry, I find that the worst cases invariably have been laboring, or living, perhaps both, in the vicinity of refineries, where this gas exists in the largest quantities. When brought home, they express an aversion for everything that has the smell of carbon oil, requesting the lamps containing it to be taken out of the room. I have learned also, that some of the laborers in these refineries are frequently taken with purging, vomiting, and cramps, so severe that death follows in a short time. At Oil City, they have called it *cholera*, and so great was the alarm at one time, that people in the country were afraid to visit the place.

Benzine gas is known to be very inflammable, highly volatile, and to permeate almost all substances. I have, however, not yet seen it placed among the list of acrid or corrosive poisons. Again, the sanitary condition of the place is very much neglected. The streets, or street of Oil City is narrow, muddy the year round, and all manner of filth, offal, and garbage is allowed to collect there, ferment, and fill the air with its sickening effluvia. To this, the charge of sickness is laid by many, and, no doubt, it is potent. But does this mud, garbage, etc., generate an acrid poison, or must we trace it to a different source?

The question to me seems to be one of great importance, and to those living and laboring at that place, it must be more important still; for, during the hot months, sickness is rife, and the mortality large. Every one who goes there is troubled with diarrhœa, even though they stay but a short time. Many cases might be cited for that, but for cases as severe as many are, I can see but one cause, and that cause an *acrid-corrosive poison*, be it generated by decaying filth and garbage, or be it *benzine gas*, inhaled, absorbed, eaten in the food, and drank in the water, it is, nevertheless, a *poison*, and a poison peculiar to the place. "Student."

SUCCESSFUL AMPUTATION AT THE HIP JOINT.

By E. Batwell, M. D.,

Of Detroit, Mich.; Late Surgeon-in-Chief 2d Div., 14 Army Corps.

William Simpson, aged 24 years, a member of an Iowa regiment, engaged as a courier, was admitted to the hospital under the following circumstances:

Whilst in the act of mounting his horse, he was struck by a minnie ball in the left leg; on examination it was found that the injury received not alone comminuted the bone and lacerated the soft parts, so as to preclude the possibility of a successful termination even under the most favorable circumstances if left to nature, but that some of the branches of the profunda were involved, calling for prompt action, as the bleeding was very profuse. Amputation was decided on, and the patient having been placed under the influence of chloroform it was performed by anterior and posterior flaps. The knife was made to enter about an inch below the trochanter major, and passed obliquely across, about three inches lower at its point of exit than at its entrance. The limb was quickly removed, and the blood vessels secured. The upper fragment of bone was seized and the saw *applied to the neck*, thus leaving the head of the femur in the acetabulum. This was done with the view of exposing as little surface as possible, and also for the sake of expedition, as the shortness of the fragment would have made it a tedious and difficult task to remove it from the socket. The ball had entered about an inch below and internal to the great trochanter, completely shattering the bone through the extent of four or five inches and coming out midway posteriorly. Beef tea, milk punch and fresh beef were given freely, together with a

preparation of iron, and everything likely to sustain nature in the vast work of reparation. Not a single unfavorable symptom occurred during the process of healing, and in two months the patient was sent to the rear. Since, he has been discharged from the service, and is employed as a travelling book agent, in the enjoyment of perfect health, his wound giving him no trouble.

A case very similar to the above, was operated on in a like manner after the battle of Jonesboro, Ga., Sept. 1st 1864, except that the bone was entirely removed, but the patient died in about twelve hours. The notes of this case are very meagre and unsatisfactory.

Editorial Department.

Periscope.

The Application of Sutures to Bone in recent Gunshot Fractures, with cases; also, Remarks on their Similar Use in some other Fractures and Operations.

At a recent meeting of the Royal Medical and Chirurgical Society, Dr. Benjamin Howard, late Ass't Surgeon, U. S. Army, read a paper with the above title. From the *Dublin Med. Journal*, we learn that the author exhibited statistics showing the large number of secondary amputations which are rendered necessary in gunshot fractures of the extremities by the inevitable transportation from the battle-field to general hospital. The disastrous results in these cases are mainly due to the constant motion of the fractured ends of the bones, between which innumerable loose fragments and sharp spiculæ of bone are ground together, mangling the soft parts adjacent, and producing violent irritation and inflammation, which is still further increased by the pressure and constriction of disarranged bandages and splints firmly applied on starting, to prevent displacement—an attempt perfectly hopeless without the use of other means. The most careful efforts of this kind are frequently followed by such inflammation during the "middle passage" as to destroy every hope of saving either the limb or life of the patient.

Resection of the shaft of the long bones has been practised, with removal of the loose fragments, but the motion remains undiminished, and the ends of the bones are continually apart. In 1863, the author, in a communication to the Surgeon-General of the U. S. Army, proposed a plan of treatment for gunshot fractures of the humerus, which he had since carried out, with a view to obviate the evils referred to, wherever the operation might be practicable. The treatment consists in cutting down upon the seat of fracture, enlarging the wound or otherwise, removing all fragments of bone and everything which can act as a foreign body, making a clean section of the fractured ends transversely, or at such parallel obliquities as to secure the most perfect apposition with the least shortening. The ends are then firmly secured together by two wire sutures, the edges of the wound approximated, and a light splint applied by a simple retentive bandage, so as to leave the wound freely exposed for the repeated application of cold water from the canteen of the patient.

The chief points in the operation are to carefully avoid any unnecessary degree of disturbance of the soft parts, and especially of the periosteum; to introduce the two sutures as described, through only one cortical portion of each end, and each as nearly as possible in the same line of diameter of the bone, to prevent any hinge-like motion. The sutures, which are of annealed iron, or better, perhaps, of plated copper wire, may be cut off short, or be left protruding through the wound, so that, by successive tightening twists, nature may be aided in her natural process of extrusion.

The advantages claimed for this plan of treatment consist:

1st. Negatively. In the absence of all previous causes of irritation.

2d. Positively. In securing complete coaptation and perfect rest.

A case of gunshot fracture of the humerus was related, in which all the details of this plan were carried out. Although the patient was afterward left uncared for on the field, and submitted to extraordinary exposure, the limb was in excellent condition, and, as far as could be ascertained, it continued so until subsequent recovery, and transfer of the man to another regiment.

Another case also was reported of severe fracture from lodgment of a fragment of shell in the femur, with great shortening. After removal of the missile and fragments of bone, the fracture was reduced, and without section of the bone, by means of one stout wire suture. The refitted, interlocked fragments were permanently secured *in situ*. The patient, who was sixty years of age, and of feeble constitution, was rumored to have died a few days afterward, *en route* to general hospital. This plan of treatment not only contemplates disposal of the chief sources of immediate danger, but of those causing great ultimate delay, thus averting the innumerable intercurrent diseases incidental thereto. It is new only in its application. Substantially the same operation, including the use of the wire suture, has for a long period been practised, and still meets with general approval, as a secondary operation for ununited fracture. Other things being equal, it cannot be less admissible as a primary operation, where, in the absence of all pathological changes, we have a healthy condition of all the parts, with sound bone in apposition and at rest.

Although it would be unwise to anticipate too definitely the histories of the author's cases, which may be hereafter collected from the various hospitals to which they were sent, and from which a more complete report will be made, his experience so far justifies him in submitting the plan of treatment to the profession. He would recommend the use of wire sutures in the manner described, in certain compound fractures with great displacement, in Pirogoff's operation, if prac-

tised, and in fractures of the jaw, in which he had used them with great advantage.

A fellow asked the author if he had met with any cases in which the upper and lower extremities had been treated.

Dr. Howard replied that the plan was introduced for the treatment of fracture of the humerus, and had been adopted in but one case of fracture of the femur. Dr. Howard then exhibited several diagrams illustrating the chief points in his paper.

Dr. Francis Mason asked if the process was not a difficult one? He had seen Mr. Ferguson do the operation twice, and each time with considerable difficulty.

Dr. Howard said it was difficult without assistance. He had, however, once done it in five minutes; but, as a rule, the operation required twenty or thirty minutes.

The Practical Value of the Thermometer in the Diagnosis and Prognosis of Acute Diseases.

Dr. John S. Warner recently read a paper on the above subject before the South Eastern Branch of the *Brit. Med. Ass*, where he gave his experience in typhus and typhoid fevers, acute rheumatism, erysipelas and pyæmia, as to the value of the instrument as an agent in prognosis. The following are his general conclusions as taken from the *British Med. Journal:*

1. That, in ordinary cases, the pulse and temperature rising together synchronously, the use of the thermometer is in such circumstances superfluous, and therefore objectionable, as taking up time.

2. That, when the pulse and general symptoms on one hand indicate danger, the temperature on the other hand not raising alarm from being either very high or very low, the pulse and general symptoms are by far the most trustworthy in forming a correct prognosis.

3. That, in cases in which the general symptoms are perplexing, one counterbalancing the other, a very high temperature registered by the thermometer throws one more weight in the scale for forming an unfavorable opinion, and *vice versâ*.

4. That, if the pulse and general symptoms of a patient are favorable, the thermometer, in spite of this, marking a high temperature, the former symptoms are to be chiefly relied on in forming a prognosis, though the latter should make us still more careful in searching for any fresh complication that may have arisen.

5. That, should the general symptoms be improved, and the thermometer also be going down, the latter observation confirms conclusively the other favorable symptoms.

He then passed to the question of the value of the thermometer in diagnosis, where he considers it of great value in doubtful cases; indeed he endorses the following quotation of Dr. Aitken from his *Practice of Physic:*

The regularity of the typical thermometrical variations in the course of febrile affections is so constant and so much to be depended on, that the differential diagnosis of such diseases as ephemeral, intermittent, typhus, and scarlet fever, small-pox, measles, acute rheumatism, erysipelas, pneumonia, pyæmia, may be established by observation of the temperature.

He illustrates this part of the subject in a very striking manner, by narrating several cases where he has actually decided the diagnosis by the use of the clinical thermometer. In conclusion Dr. Warner concludes as follows:

"That, in cases of doubtful diagnosis, the clinical thermometer is of great value; as it indicates at once the existence of fever, and in many cases actually the variety of fever under which the patient labors."

Separation of the Humerus at its Epiphysis; the shaft driven through the Deltoid Muscle.

In its September number the *Lancet* relates a case of separation of the humerus at its epiphysis, with severe complication, which occurred at the Norfolk and Norwich hospital, under the care of Dr Charles Williams.

A farm-boy aged 19, was thrown from a horse, falling with great force on his right elbow. On the outer aspect of his right shoulder was a transverse wound, through which protruded one inch of the shaft of the humerus. It had been driven upward through the deltoid muscle, much above the level of the head of the bone. Its superior surface was rough and corresponded with the inferior surface of the epiphysial cartilage. The humerus could not be returned within the wound and placed under the epiphysis, until the prominent portion of the bone had been removed with a fine saw.

A year after the injury the wound had not closed, the probe indicating the presence of necrosed bone. Another year and the wound remained still unhealed. But the necrosed pieces of bone finally worked out, and after the lapse of another eighteen months he was discharged well, with perfect shape of shoulder, and complete ability to move his arm in any direction and follow his occupation.

The case shows what nature will sometimes accomplish, when left to her own resources. L.

The Poison of Mushrooms.

The *American Journal of Pharmacy* quotes from the memoir of MM. Sicard and Schoras (*Journal de Pharm.*) the following conclusions regarding the poison of mushrooms:

1st. That the poisonous principle that exists in many species of mushrooms ought to be regarded as an alkaloid as it unites with acids and forms salts.

2d. This salt obtained by the process described in their paper, is extremely poisonous. The employment of an indefinitely small quantity in the author's experience, was always mortal to frogs. A small quantity also was sufficient to kill a dog; and it is remarkable that the effects exercised upon the animal organism by this substance are the same as those observed in later times from *Curarin*. L.

Syphilitic Disease of the Bones in Infants.

At a meeting of the Hospital Medical Society in Paris, M. Fournier, says the *Gazette Med. de Lyons*, related the cases of two children in whom he had met with syphilitic disease of the bones. The first case was that of a child three months ago, born apparently healthy. Two months after birth, an eruption appeared on the buttocks, thighs, and groin; and there was also abundant coryza. When M. Fournier saw the child the following appearances were noticed. There was a papular syphilide, rather confluent, on the buttocks and thighs, and a similar eruption, but confluent, near the anus; several of the papules, especially near the anus, were ulcerated. There were also mucous patches on the lips and scrotum; and an abundant discharge from the nose of sanious pus, not mixed with blood. The child had also considerable swelling of the right arm, near the elbow-joint; the tissues there felt pasty, but the color of the skin was not changed. On examination, a tumor of the size of a large almond, adherent to the bone, and immovable, was found at the inner edge of the lowest part of the humerus. The swelling had appeared during the third month; and, as it enlarged, the child lost the power of bending the forearm, and the hand became paralyzed. The patient was otherwise apparently in good condition. Iodide of potassium and other remedies were employed; the swelling diminished, but the eruption remained obstinate. Ultimately, the child was sent into the country, and M. Fournier lost sight of it. In the second case, says our exchange, (*Brit. Med. Jour.*,) an infant aged three months, the child of syphilitic parents, presented no trace of the disease when born. In six or seven weeks, however, ulcerated papules appeared on the buttocks, arms, and scrotum, accompanied by a purulent nasal discharge and various eruptions on the skin. M. Fournier found a pustular syphilide on the face, occupying chiefly the forehead and nostrils; a purulent discharge, streaked with blood, from the nose; numerous copper-colored traces of papules most recently cicatrized, on the buttocks, scrotum, and arms, and some papules which had not ulcerated; also a considerable pasty swelling, without change of color, at the upper part of the forearm. On palpation, there was found to be an enlargement of the two bones at their upper part. The ulna appeared to have doubled its size, and the radius was much enlarged. The humerus was healthy. The child was pale, and somewhat thin, but did not present the general traits of infantile syphilis, nor any carberia. Iodide of potassium was given for a month, with the effect of producing marked improvement. After this time, M. Fournier did not see the child again; but some time afterward heard that it died after a sudden attack of vomiting and diarrhœa.

Trichinæ.

Virchow, in his *Essay on Trichinæ*, says, that the most careful cooking is required to destroy the trichinæ in fresh meat; that salt has a very destructive effect on the parasites; and that ten days of salting will effectually destroy them. Hams, sausages, etc., should not be eaten fresh; but should be kept a long time before being used.

Case of Malposition of Abdominal Viscera.

Dr. Jas. B Ruttan, A. A. Surgeon U. S. A., Gallipolis, O, records in the *Cincinnati Lancet and Observer* a case of malposition of the abdominal viscera. The subject was a soldier, Rob. Armstrong. 1st N. Y. V. V. Cav. who died from chronic diarrhœa.

The autopsy revealed the following state of things:

Lungs normal in color and size. Heart situated on right side of the sternum. The liver occupied the left hypochondriac region, right lobe being smaller than the left, in the same ratio that the left is smaller than the right in the normal subject. Its inferior border strongly adhered to the transverse colon.

Stomach situated in right hypochrondriac region, the great end occupying the extreme right, the small running from right to left, was strongly attached to the transverse colon, so firmly adhered that they formed a solid mass.

The spleen was also situated on the right side, having the same relations to the organs of that side as when situated on the left, its lower end was adherent to the right kidney.

The caput coli occupied the left iliac fossa, ascending on the left side, crossing from left to right, descending on the right side.

The intestines showed the usual appearances of chronic diarrhœa, ulceration, etc. L.

Hypodermic Injection of Calomel in Syphilis.

Dr. Scarenzio of Pavia has published the results of his treatment of constitutional syphilis by means of the subcutaneous injection of calomel suspended in a convenient vehicle (such as glycerine, mucilage, or water.) Says the *Brit. Med. Journal* he employed calomel in the persuasion that it could, in absorption, become changed into bichloride of mercury; and the reason for not using the last named salt at once was, that he feared it would produce gangrenous inflammation. The injection used consisted of twenty *centigrammes* (about three grains) of sublimed calomel, mixed with a *gramme* and a half or two *grammes* (from 23 to 30 grains) of liquid. It was used like other hypodermic injections. Dr. Scarenzio at first chose the inner side of the thigh as the part for making the injection; but afterward the inner aspect of the arm, as this does not oblige the patient to remain long in bed. In eight cases of ulcer, nodes, pains in the bones, blennorrhœa, tubercle, necrosis, etc., the treatment failed once only; the case being one which obstinately resisted all mercurial treatment. The cure was rapid and permanent, and not accompanied nor followed by any accidents. There is however, always an abscess at the point of puncture, which, however, on being opened, heals rapidly. The pus contains no trace of mercury. Dr. Scarenzio believes that the abscesses are due to the transformation of the calomel into bichloride of mercury. The good effects of the injection do not appear for a week or two; but when improvement once sets in, recovery proceeds rapidly. In one case there was rather obstinate salivation.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 16, 1865.

THE CHOLERA.

The medical profession is well aware that Asiatic cholera has long been naturalized as a disease of occasional occurrence in almost all parts of the world. It is in its epidemic form only that it gives cause for alarm. Originating in India, and first attracting special notice during the fearful epidemic which began in 1817, it gradually advanced westwardly, until it entered Russia in 1830, thence across Europe to England, where it first appeared in 1831, and raged with violence during the following year, crossing the Atlantic in the spring of 1832, and spreading with great fatality over this country.

Since that time, we have had three epidemics of the disease, viz., in 1849, 1854, and 1858, the disease each time starting on its fearful course of destruction out of India, as did the original epidemic which spent itself in Europe and this country, in 1831–2. Again, in 1862–3, the cholera demon aroused itself from its lair in India, and started forth on another errand of destruction. During those years, it proved very fatal in different portions of India. In 1864, it did not seem to attract attention at all, but, for some months past, Europe has been thrown into great excitement, and some portions into real consternation, in consequence of being threatened with epidemic diseases of a very fatal character. First, in the latter part of last year, and early part of this, came the "Russian or Siberian Plague," as it was termed, a disease of a typhus nature, attended with considerable fatality, which advanced half-way across Europe, where it has seemed to pause in its progress for a time.

Meanwhile, another evil influence, reported to be our old enemy, the Asiatic cholera, made its appearance, early in this year, in Arabia, being first reported to us as raging with fearful violence among the pilgrims to Mecca. From thence it advanced northward to the Mediterranean, and followed both its northern shore into Turkey, and its southern shore into Egypt. This is a different track from any ever followed before by cholera in its westward progress, and it seems by its erratic course to sorely puzzle the alarmists of western Europe, which is apparently menaced now by two epidemics—the "Russian Plague" from the northeast, and the cholera from the southeast. We have chronicled the doings of the epidemic in Alexandria and Cairo in Egypt.

From Egypt, the cholera has crossed the Mediterranean, appearing at various ports of southern Europe, as Port Mahon, Barcelona and Valentia in Spain, Marseilles in France, and at Ancona in Italy. It is also advancing westwardly by Smyrna and Constantinople. In some of these places it has been very fatal. Our minister at Constantinople advises our government that the ravages of the cholera at the Turkish capital might have been greatly checked had a rigid quarantine been enforced. The fact has already been published that the deaths in Constantinople, at last accounts, reached over 500 a day. A newspaper correspondent, writing on the 2d of August, says the disease has all the worst types of Asiatic cholera, and rages, though the weather is cool and pleasant. Few Europeans have been attacked. The government physicians, although paid extremely high salaries, have mostly fled.

This epidemic seems to have carried a panic with it wherever it has appeared, and the populace is reported to fly before it in every direction. A late report says:—The accounts of the ravages of cholera in the East are becoming dreadful. The deaths seem to have spread a panic even among Mussulmans, with whom it is a point of honor to meet epidemics resignedly. From the correspondence of the *Times*, we learn that in Constantinople, up to the 11th ult., 150,000 workmen had fled the city, and in the crowded quarters the people died in hundreds unattended and uncared for. In Smyrna, the disease is aggravated by poverty so dreadful that the British Consul is feeding 250 people out of his own pocket, simply to keep them alive. The Jewish community in Smyrna, including about 10,000 persons, is suffering in an extraordinary degree from cholera and poverty. During the cholera panic at Barcelona, nearly 10,000 people left the town in one day, although very few cases of real cholera occurred there.

By the last arrival, as we write this, it is reported that no advance of the disease has been made—that it is, indeed, receding, and the inhabitants of western Europe are flattering themselves that they may escape these epidemics, that have been threatening them, altogether.

In this connection, we will present extracts from some remarks of Dr. Headlam Greenough, recently made before a meeting in London of medical officers of health, members of the Epidemiological Society, clergy, and others interested in the sanitary condition of the metropolis and of the kingdom generally. They express better than we can, the sentiments of the medical

profession on the proper way of meeting the advance of this disease. Dr. GREENOUGH says:

An outbreak of cholera has taken place in Asia. It has broken through close quarantines and has appeared with great severity at Malta. It has also appeared with great severity at Ancona, in Italy. It has broken out in Spain, and at Marseilles. Cholerine is reported to be prevalent in Hanover. Diarrhœa has been excessive in the metropolis. Extraordinary epidemic visitations on cattle are common precursors of epidemic visitations on the human species—and a severe epidemic in cattle has appeared in England.

The extraordinary epidemic of cholera in 1832 slew thirty-two thousand persons, and that of 1848–49 slew seventy-two thousand persons in Great Britain. The recorded evidence of medical officers in every part of the country proved that where measures founded on careful observations of the previous course of the epidemic visitation of 1832 were duly taken in time, the attacks were greatly diminished in number, in intensity, and in fatality. Well-managed public establishments, comprising the lowest classes of the population, presented examples of almost entire immunity from attack, while the most dire slaughter was upon people in places under removable conditions, in respect to which timely, clear, and express warnings had been given to guardians and other local authorities charged with them.

The attacks were as forewarned; the most severe on the like places and people in the like conditions as those who now suffer from the foul-air diseases, from typhus, from dysentery, from diarrhœa, and from the eruptive diseases of the zymotic or fermenting class; which diseases are almost entirely unknown amongst the lowest inmates of well-conditioned public establishments, of well-conditioned orphan asylums, refuges for the destitute, or amongst the inmates of well-constructed and well-managed union houses and prisons; which diseases are comparatively few and slight in improved common lodging houses or in model dwellings, and are rare in the houses of the well-to-do classes, but are never absent among the wage classes living in crowded ill-drained courts and alleys, ill supplied with pure water, and ill-cleansed, close, filthy, ill-ventilated, and foul-aired, and which slay nearly 100,000 per annum of men, women, and children, in Great Britain alone.

In this preventible slaughter is included a considerable proportion of the lower middle classes, shopkeepers, who are kept in-doors in foul air from cess-pools, from house drains of deposit, and from sewers of deposit, the prevention of which—by the abolition of cesspools, and the substitution of house self-cleaning tubular drains and sewers, in the city of Salisbury, in Croydon, and in other places—has occasioned a reduction of all ordinary death-rates by one-third, and has there consequently occasioned a like reduction of the exposure to extraordinary epidemic visitations. For it is established by the observation of previous extraordinary epidemics, and it was expressly forewarned and fulfilled that the visitation of extraordinary epidemics are in the ratio of the ordinary death-rates upon the different classes of the community, and these are governed by the foul air disease.

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Now, the anticipation of the track of the extraordinary visitation on the classes of persons, and on places as denoted by the classes occupying them, was closely verified in the epidemic visitation of 1848–49, by the results, as displayed in the evidence subsequently collected as to the course taken by that visitation, with exceptions corresponding with the conditions of the people; the visitation being, in some instances, less severe on laborers chiefly engaged in out-door occupations and most severe on small shopkeepers confined in ill-conditioned shops and houses.

The instances of the most efficient voluntary efforts during the last epidemic were by organized house-to-house visitation, and before the epidemic, to ascertain the condition of places and of persons, to advise, forewarn, and urge measures of prevention for voluntary adoption, and to direct and apply aid where needed; for cleansing premises; measures of ventilation, the reduction of overcrowding, and, during the epidemic, to ascertain the existence of premonitory symptoms, and to direct immediate medical aid.

Practically public notifications are not universally read or attended to, even by those who can read and whom they most concern, but the severest attacks are on persons of neglected education, in the densest ignorance, for the greater proportion of whom cannot read, and who can only be warned and moved for the preservation of their wives and children, or themselves, by direct personal and verbal communication and influence; as by the clergy and missionary or other visitors.

It is to be observed, however, that although the visitations of the cholera epidemic are on the like places, and mostly on the same places, yet that some of the like places, that are so scourged on one visitation, escape at another, but that none of the like places can reckon on the converse. But all common fever nests, all places visited by the ordinary epidemics, now need extraordinary examinations and exertions for amendment, and will be benefitted by them, as already stated, whether visited by the impending epidemic or not.

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The influence of better knowledge and skill may be relied upon for improved exertion as against the impending outbreak, and the committee have received gratifying reports of the preparations already making in several instances. But it would be literally a fatal error if the experience of the shortcomings of a large proportion of the local authorities on the last extraordinary visitation were overlooked, and if they were not to be guarded against by volunteer arrangements. The slaughter was aggravated on the last visitation by want of sufficient information or understanding of the extraordinary preventive services or works required; by neglect or delay of applying them, until the epidemic was full on the population, and when they were too late, and when the extraordinary epidemic had passed, being relieved from the pressure of public attention, little or nothing was done for the protection of the

people against the continued evil influences in the generation of ordinary epidemic disease.

The committee recommend, under these circumstances, that a public meeting should be called, to which the annexed resolutions may be submitted:

The primary preventive measures suggested by previous experience are—a house-to-house examination of the houses, and the courts, alleys, streets, or habitations, from whence foul air diseases do now arise. For which purposes, lists should be got out, from the local registrars, of the houses that have been of late visited by diseases of the zymotic class. Also, lists from the relieving officers, and the medical officers of unions, of the houses and places most frequently visited by such diseases.

Experience has shown that ill-ventilated schoolrooms, overcrowded with children filthy in person, and dirty in dress, are great sources of epidemic diseases amongst children. On an examination, an excessive annual mortality of eight and nine thousand children annually within the school ages in the metropolis, and of nearly fifty thousand children in the United Kingdom, was due chiefly to epidemic diseases which bad school conditions promote. These sources of additional danger from the extraordinary epidemics would require anxious attention.

The effects of the bad condition of the ill-ventilated workshops have been repeatedly shown to the surprise of the public, by the rise in health of the wage classes, as those of the cotton operatives during the period of cotton famine, when the factories were closed; and the workers were in the open air. These sources of pre-disposition to extraordinary epidemics should be visited, and amendments suggested for the protection of the workers.

Such house-to-house visitations and examinations of the chief sources of ordinary foul air diseases would suggest reasons, and give the facts to the visitors for instructions and directions to the people, as to what must be done by themselves, and would furnish grounds for representations as to what must be done by others, and what may be needed from the authorities having charge of the Diseases Prevention Act, as well as of the provisions provided for the protection of the public health. Such examinations cannot be too early or too extensively instituted, whether the extraordinary epidemic advance upon the people of this country or not. The permanent defences against it, now obviously weak, cannot be too soon seen to and made good. As against a possible though more remotely probable military invasion by a foreign enemy, the Government of the country has been called upon to expend several millions of money annually, and to provide new works and elaborately organized forces, volunteer as well as regular, although the most ruthless invaders in modern times could scarcely be expected to inflict such a slaughter as was inflicted by the cholera invasion of 1848–49 upon upwards of 70,000, chiefly defenceless poor people—men, women, and unoffending children. It appears that the present is a befitting opportunity in which it would be culpable to forego claims upon public attention to the state of the existing defences against internal and cruel pestilences which regularly ravage the people, as well as against the extraordinary invasion of pestilence, which past experience shows may be expected with certainty at recurring periods, unless the proved results of sanitary science be properly consulted and generally and completely applied.

A WILL CASE.

In one of the courts of the city of New York a case is on trial in which the testator bequeathed his property, by will, to his survivors, his wife, her daughter, and an older daughter of his first wife. The latter was his favorite, and to her he bequeathed the bulk of his property, which amounted to about two hundred and fifty thousand dollars, giving his wife nothing but her right of dower, and his youngest daughter only five hundred dollars. About three years ago, the older daughter executed a will, according to her own inclinations, devising and bequeathing her property—which had increased greatly in value—before competent witnesses, now living. About a year ago, she showed symptoms of insanity, and was removed to an institution for the insane, where she died last spring. A short time before her decease, the testatrix tore her will to pieces. Her husband took out letters of administration, on the ground that there was no valid will extant. The witnesses to the destroyed will, however, arraigned him before the court, when he admitted that such a will was made, but that deceased had destroyed it, though the pieces into which it was torn, were preserved. On being produced in court, the pieces, when pasted together, were found to constitute a perfect document. The legatees of the will are the contestants in the case. They contend that a will is not destroyed, if the remnants remain so as to be discernible when put together, and also, that a will cannot be destroyed by a person of unsound mind.

The case comes up soon for trial. The probability is—as there are first-rate pickings for lawyers—that it will take a long time to settle the law on this subject; the case, in the meantime, going from court to court, the lawyers the while adjusting it by vigorous bites from the cheese. Without any disposition to "interfere with the course of justice," (the grab-game of the lawyers?) we have no hesitancy in deciding in favor of the contestants. The will seems to have been made while testatrix was sane, and torn to pieces, though not destroyed, while she was insane, and therefore irresponsible for her acts. The will is valid, and should be sustained.

Dr. Henry Favre, the editor of *La France Médicale*, has proceeded at his own expense to

Alexandria, to watch the progress and nature of the epidemic cholera now prevalent in that city.

News and Miscellany.

Ancient Table Luxuries.

Galignani says the excavations at Pompeii have just brought to light a house which no doubt belonged to some millionaire of the time, as the furniture is of ivory, bronze, and marble. The couches of the triclinium, or dining-room, are especially of extreme richness. The flooring consists of an immense mosaic, well preserved in parts, and of which the centre represents a table laid out for a grand dinner. In the middle, on a large dish, may be seen a splendid peacock, with its tail spread out, and placed back to back with another bird also of elegant plumage. Around them are arranged lobsters, one of which holds a blue egg in its claws; a second, an oyster, which appears to be fricasseed, as it is open and covered with herbs; a third, a rat, *farci*, and a fourth, a small vase filled with fried grasshoppers. Next comes a circle of dishes of fish, interspersed with others of patridges, hares, and squirrels, which all have their heads placed between their fore-feet. Then comes a row of sausages of all forms, supported by one of eggs, oysters, and olives, which, in its turn, is surrounded by a double circle of peaches, cherries, melons, and other fruits and vegetables.

The walls of the triclinium are covered with fresco paintings of birds, fruits, flowers, game, and fish of all kinds, the whole interspersed with drawings, which lend a charm to the whole not easy to describe. On a table of rare wood, carved, and inlaid with gold, marble, agate, and lapis lazuli, were found amphora, still containing wine, and some goblets of onyx.

Remedies for Cholera.

Dr. John Chapman, of London, who seems to be using his "spinal ice-bag" for the cure of nearly all the ills to which flesh is heir, holds that "the primary cause of cholera is, as a general rule, the excessive heat of hot climates, and of temperate climates in summer when cholera prevails;" that "the proximate cause of cholera is of precisely the same nature as that of summer or choleraic diarrhœa, but that it is far more developed, and consequently that its action is proportionately more powerful and intense;" that "cholera is neither contagious nor infectious in any sense whatsoever, except through the depressing influence of fear;" and "that cholera may be completely averted, and, when developed, cured, by the persistent application of the spinal ice-bag along the whole spine so long as any symptoms of the disease continue."

Under the name of "Rev. Dr. Hamlin's mixture" a remedy is in extensive use in Constantinople, composed of equal parts by weight, of laudanum, spirits of camphor and tincture of rhubarb.

New St. Thomas's Hospital.

The governors of St. Thomas's Hospital have had under their consideration the designs prepared by Mr. Henry Currey for the new hospital proposed to be erected on the south bank of the Thames, and which are set forth in twenty-two drawings, including one very large and very good perspective view, showing the aspect the building, or rather pile of buildings, will present from the river, along which it will extend 1200 feet. It comes close up to Westminister Bridge, on the right hand side (when going toward Astley's), and shows toward the river seven separate blocks, four stories high above ground, connected by corridors and service buildings, the pavilion principle being, of course, adopted. The pavilions are placed at a distance of 125 feet from each other, the centre court being increased to 200 feet, which distance will admit of ample sunlight and air to every block. The wards are designed to be 28 feet in width by 120 feet in length, and 15 feet in height, and will accommodate twenty-eight beds, giving a cubic capacity for each patient of 1800 feet. The beds are placed at distances of 8 feet from centre to centre; and the windows are arranged alternately with the beds at a level, to enable the patients to look out of them. The number of beds will be 588. The water-closets, lavatories, and bath-rooms, attached to each ward, are projected from the main building, and are cut off from the ward by intercepting lobbies, with windows on both sides. The water-closets and lavatories have also windows on all four sides, to provide for thorough ventilation, with a view to prevent the escape of any noxious effluvia into the ward. The chapel is placed in the centre of the building, communicating with the corridor of one-pair story, with convenient access for both sexes, and is designed to give three hundred sittings. The museums, school-buildings, lecture-theatres, etc., are proposed to be placed at the southern end of the ground, as indicated on the plans; but the detailed arrangements of this department are not completely matured. The building is designed to have fire-proof floors throughout, formed with wrought and rolled iron josits, and concrete. The windows go up to the ceilings of the wards. The floors will be of oak; and the wall surfaces finished with Keene's or Parian cement. The terrace toward the river is proposed to be kept four feet above the public footway. This, with the height of a parapet, three feet six inches, will prevent any overlooking by the public. The style adopted may be called, broadly, Italian. Mr. Currey's approximate estimate, the walls being of brick with stone dressings, is £330,000. If the whole building be faced with stone, the cost would be about £30,000 more.

The estimate includes a bed of concrete, ten feet thick, under the whole surface, and some idea is given of the size of the area covered when it is mentioned that for every additional yard in depth of concrete the extra expenditure will be £4000. —*Builder.*

The influence of Electricity on the color of Insects, etc.

The color of the various pigments which are the cause of the spots we see on the skins of animals has hitherto been ascribed to the effects of the temperature of ambient air, or to an afflux of blood occasioned by the physiological action of certain organs situated near the teguments. In a paper addressed to the Paris Academy by Dr. Nicholas Wagner, the author examines the question anew, with a view to ascertain whether such a cause can be admitted in the case of inferior animals, or whether it ought not rather to be attributed to the influence of electricity. The insect-world appearing to him the best calculated to solve the question, first, because of the immense variety of pigments it displays, and secondly, because of the greater simplicity of their organization, their circulatory system being quite rudimentary, Dr. Wagner selected for his experiments a kind of diurnal butterfly (*Vanesas-urticæ*), numbers of which he had easily at command. The apparatus he used was a small Ruhmkorff's machine for intermittent induction currents; for his experiments with constant currents he used two or three Grove's elements. He thus ascertained that strong currents disorganize, first the pigment, then the scales; and then the membrane itself which constitutes the wing, producing in it holes of different sizes. Weaker currents will change the color of the pigments, transforming red into orange, and black into red, thus destroying the black spots which exist on the wings of the Vanessa. The weakest currents, on the contrary, give rise to black spots; that is, they favor the formation of the black pigment, but always near the places where the natural spots exist. Sometimes slight changes were effected in the shape of the existing spots, and it was in such cases ascertained that the change of form followed the direction of the current. If a current of moderate force be directed along the outer margin of the wings, the natural sinuosities of the latter are destroyed. Hence, our author is of opinion that in these experiments electricity acts as an irritating agent: and from a second series of experiments he arrives at the conclusion that there exists fixed currents of electricity in the wings themselves of these insects. The strongest of these currents flows from the base of the wing to the outer margin, following the middle nervure; and other currents starting from the same point cross each other. Dr. Wagner is continuing his experiments on this subject.

Myriad Zoophytes.

In one species found on the Irish coast, and with cells upon one side only, Dr. Grant calculates there are more than eighteen cells in a square line, or 1800 in a square inch of surface, and the branches of an ordinary specimen present about ten square inches of surface, so that a common specimen of *Flustra carbasea* presents more than 18,000 polypi, 396,000 tentacula, and 39,600,000 cilia.—*Hardwicke's Science Gossip.*

Pension Examining Surgeons.

The Commissioner of Pensions has appointed the following as examining surgeons for pensions.

Pennsylvania.—Dr. Geo. R. Lewis, Indiana.

West Virginia.—Dr. L. C. Bryan, Clark burgh.

Connecticut.—Dr. Daniel Bostwick, Litchfield.

Wisconsin.—Dr. Marion Waterhouse, Portage.

Bite of Venomous Reptiles.

In a paper addressed to the French Academy of Sciences, Dr. Guyon combats the popular idea that the poison of reptiles is more virulent in summer than in winter, and asserts that the activity is in proportion to the time in which the virus is accumulating. In winter, therefore, and whenever the animal is in a state of torpidity or partially suspended animation, the virus becomes more concentrated, as he appears to have proved by experiments with vipers and scorpions. Dr. Guyon defines the symptoms which follow the infliction of a bite or sting by such reptiles—first, a violent pain at the moment of injury; then an unconquerable itching at the spot; then, trembling, vomiting, difficulty of breathing, often accompanied with a cough, dilatation of the pupils, muscular contractions, tetanic symptoms, etc.

Contagious Diseases among Cattle.

An order has been issued by the authority of the Privy Council, "whereas a contagious or infectious disorder, of which the nature is at present uncertain, has lately appeared, and now prevails among cattle, within the metropolis and in the neighborhood thereof, and it is expedient to take measures for preventing such disorder from spreading," it is ordered by the Privy Council that notice shall be given of the existence of any cattle laboring under infectious disorder, within the city of London, in the limits of the metropolitan police district, "to the Clerk of her Majesty's Most Honorable Privy Council, in waiting at the office of her Majesty's Privy Council at Whitehall; and it shall be lawful for the said clerk of her Majesty's Privy Council, and for all such persons as he shall by writing under his hand authorize in that behalf, thereupon, and at all reasonable times thereafter, to inspect and examine all or any such diseased animals or animal, and to report to the Lords of her Majesty's Privy Council all such information and particulars as to the nature or character of such disorder as may seem to him expedient for the purpose of enabling proper regulations to be made for preventing or checking the further propagation and increase of such disorder. Every person offending against this order, and omitting to give such notice or to permit such inspection and examination as aforesaid, shall for every such offence forfeit any sum not exceeding £20, which the justices before whom he or she shall be tried, may think fit to impose."

Speculations Concerning Meteorites.

In a paper published by M. HAIDINGER, the eminent astronomer, we find some curious calculations concerning meteorites. Admitting that the weight of these bodies falling annually upon the earth is four hundred and fifty thousand pounds, or four hundred and fifty million pounds in one thousand years, M. REICHENBACH has started the question whether, in the course of centuries, our globe might not undergo such modifications in weight as materially to affect its connection with the solar system. But as our earth weighs about thirteen and one-half quadrillions of pounds, the formation of a meteoric agglomeration equal to our planet would require about three thousand trillions of years; hence, any change like that contemplated by M. REICHENBACH, would occur in a space of time far beyond the power of the imagination to conceive.

But M. HAIDINGER turns his attention to another question, asking whether, if our globe in the course of one solar revolution receives an increase of matter equal to four hundred and fifty thousand pounds, this increase might not have been similar in weight in describing any orbit of equal length? It has been proved that meteoric falls are less frequent at the time of perihelion than at the time of aphelion; but it must also be remembered that the sun itself moves with considerable velocity through the stellar space. Taking these data therefore into account, M. HAIDINGER calculates that the weight of meteoric matter existing and moving about in every direction within the space limited by the earth's and sun's motions during one year, is equal to four hundred and fifty thousand pounds multiplied by one billion two hundred and eighteen thousand four hundred and sixty millions, or about half a trillion of pounds. The weight of the earth is to four hundred and fifty thousand pounds of meteorites as twenty-four millions are to unity; but a far greater proportion of solid matter distributed into small bodies would be obtained, were the great number of shooting-stars and fire-balls taken into account, which appear in our atmosphere, and many of which do not apparently deposit solid matter. It is estimated that not less than ten millions of meteors of this description enter our atmosphere every day. These stones, it is believed, leave the extra-terrestrial space as solids, their velocity being greater on entering the earth's atmosphere; they are retarded by the resistance of the air; the fire-ball is formed by the compression of the air behind them, and the rotation of the stones resulting therefrom; the termination of the first part of the path is marked by a detonation caused by the collapse of the vacuum from the air rushing in with great violence.

Treatment of Stings.

M. DE MORTILLET has published in the *Sud-Est*, a Grenoble paper, a curious remedy for the sting of a dangerous insect. It is the application of the wax of the ear to the injured part. This simple remedy, he positively asserts, will cure the deadly sting of a poisonous fly, which would otherwise produce carbuncle. Whatever may be the efficacy of this treatment, there can be no harm in trying it, the substance being always at hand. Should it not succeed, the patient will always be in time to have recourse to a more radical treatment.

Discussions upon Aphasia.

The love which our French medical academician friends have for learned and eloquent and deep discussions of what we may call impossible questions, has been well exemplified in the late long debates on aphasia, in the Academy of Medicine. Bouillaud, Trousseau, Parchappe, Baillarger, Cérise, Bonnafont, and other speakers, have recorded their eloquence on this topic before an admiring and applauding audience. But what is the result? To us who sit outside, and hear not the charming facility of speech, and correctness and closeness in arguing, of those who so often are there heard, it almost seems as if the *jeu ne valoit pas la chandelle*. The very disease aphasia is to most of us a new one; and we venture to say that even yet no one can give a satisfactory definition of TROUSSEAU's new term. The whole discussion shows that it is impossible to admit the existence of aphasia, pure and simple, apart from other disturbance of the intelligence or motion; and that it is much more reasonable to regard the loss, partial or complete, of speech, as a phenomenon coincident with cerebral hemorrhage, softening of the brain, general paralysis, different forms of insanity, wounds of the encephalon, and all the various diseases of which the brain is the seat. Aphasia has been observed as a symptom of many diseases, but never as a morbid entity. This is what the clinical history of the disease showed. As regards its morbid anatomy, BOUILLAUD and PARCHAPPE cited cases which, in their opinion, seemed to localize the power of speech in the anterior lobes of the brain; but this was only a very partial view of the case. M. CÉRISE touched upon the psychological side of the question, and put some questions very puzzling to those who would localize speech in one particular part of the brain. He pointed out the relation between the thoughts and the power of speech. Thought is the internal voice; speech, the external. But what know we of the seat of thought in the brain? And, if we cannot localize the internal voice, how can we pretend to localize its external expression?—*Brit. Med. Journal.*

Mr. CARLOS MARSTON, a physician, and his daughter, a girl of ten, were shot dead by his wife at South Dedham, Mass., on Thursday August 31st. Mrs. MARSTON was probably laboring under temporary mental derangement.

Talc as an Application to Burns and Wounds.

Dr. GUYON, of Paris, speaks in very high terms of the value of talc (siliciate of alumina and magnesia) as an application to burns and suppurating wounds. It is very clean and soft; resists fermentation, and therefore opposes vegetation; is inoffensive; causes no pain; rapidly cleans the wound; and produces healthy granulations. It is also an excellent hæmostatic.

Death from Alleged Fright.

A drunken fellow at Manchester is said to have died of fright, believing he had caught hydrophobia from a dog, which had bitten him.

MARRIED.

Bishop—Williams.—On Tuesday morning, August 29th, 1865, at the bride's residence, by the Rev. Thomas Chesnut, Dr. L W. Bishop, of Mt. Washington, Hamilton co., and Miss Louisa Williams, daughter of John Williams, Esq., of Williamsburg, Clermont county, Ohio

Graham—Matthews.—August 17th, by Rev. S. C. Jennings, D. D., Dr. Thomas P. Graham, and Miss Mary Louisa Matthews, all of Allegheny co., Pa.

Grover—Flint.—In Northampton, Mass., Cuvier Grover, Brevet Major General U. S. A., and Susie Willard, daughter of Prof. Austin Flint, M. D., of New York city.

Hayward—North.—At Zion church, New York city, on Thursday, August 24th, by Rev. Dr. Harold, Lieutenant G. W. Hayward, U. S. N., and Miss Susan, daughter of Dr. R. L. North, of Charleston, S. C.

Owen—Roe.—At Westport, N. Y., on Thursday, August 31st, by Rev. Dr. Owen, Edward J. Owen, Esq., of New York, and Alice, daughter of the late Dr. G. M. Roe, of Monroe, Orange county, N. Y.

Parsons—Darlington.—On the 6th instant, in the Church of the Holy Trinity, Westchester, Pa., by the Rev. John Bolton, Rector, Dr. Anson Parsons, of Erie county, Pa., and Catharine Lacy, daughter of the late Dr. Wm. Darlington, of Westchester, Pa

Rogers—Griffin—In New York, on Tuesday, September 5th, by Rev. James H. Tyng, David L. Rogers, M. D., and Mrs. Mary L. Griffin, of Rye, N. Y.

Styer—Young.—On August 31st, 1865 by Rev. W. H. Conrad, Dr. Albanus Styer, and Miss Hattie C. Young, both of Montgomery Square, Montgomery county, Pa.

Tuller—Hall.—On Wednesday, September 6th, 1865, at the residence of the bride's father, by Rev. Allen Johns, Charles Tuller, M. D., of Wilmington, Del., and Miss Mary J. Hall, eldest daughter of John Hall, Esq., of Chester, Pa.

DIED.

Childs.—Dr. Timothy Childs, son of Dr. H. H. Childs, President of the Berkshire (Mass.) Medical College, committed suicide at the Wauregan House, Norwich, on Sunday, Sept. 3d. He was in company with his family, spending the summer at Norwich. Soon after breakfast on Sunday morning he left his family, registered his name at the hotel, and called for a room in which to write a letter, which he did, and addressed it to his wife. He had previously procured a quantity of morphia, took the poison, and was breathing his last when discovered. He is supposed to have been laboring under temporary derangement of mind at the time. Dr Childs was a native of Pittsfield, Mass He was for a long time Professor of Anatomy and Surgery in the Berkshire Medical College, and dean of the institution until a few years since, when he removed to New York, to accept the professorship of Anatomy in the Bellevue Hospital Medical College. His reputation in his profession was high, especially in the department of surgery, and few men in Berkshire were more respected for their talents, or beloved for amiable traits of character. Dr. Childs and his wife were on the train which met with the accident, by which several persons were killed, on the Long Island Railroad recently. Mrs. Childs was somewhat injured; but it was not stated that he was hurt. Dr Childs was about forty-five years old.

Hurley.—In Washington, D. C., on the 7th inst., of dropsy of the heart, William R. Hurley, M. D., of Nashville, Tenn.

Stephenson.—Mark Stephenson, M. D., a successful practitioner of over 35 years, in the city of New York, died on Monday, August 28th, aged 62 years. Born in the city of Hudson, Columbia county, he studied medicine in Albany, and was a graduate of the N. Y. College of Physicians and Surgeons. He rose by his own exertion, energy and talents, to an honorable standing in his profession. Feeling the importance of a greater knowledge of the treatment of Ophthalmic diseases, he turned his attention to this branch, in which he was principally distinguished as a surgeon. A consistent Christian, indulgent father, and a firm friend—among the poor and afflicted will his memory ever be cherished.

Sweat—Dr. Moses Sweat, a well known medical practitioner of Parsonfield, Maine, died at his residence in that town on Friday, Sept. 1st, aged 77. He has practised his profession in that town for fifty-six years.

ANSWERS TO CORRESPONDENTS.

Dr. J. H. R., Worcester, Pa.—Sent, Althaus' Medical Electricity, and Druitt's Modern Surgery, on September 4th, by mail.

Dr. L. S., Washington, D. C.—Sent, Turnbull on Ophthalmoscope, by mail, Sept. 4th. Am. Journal of Ophthalmology long since defunct.

Dr. C. H. L., Jackson, Mich.—Gross' Surgery, and Tanner's Manual of Practice, sent by Express, Sept. 5th.

Dr. J. M. C., Wheeling, W. Va.—Sent, Braithwaite's Epitome, by Express, Sept 5th.

Dr. W. W. B., Polo. Ill.—American Journal of Med. Science, sent through Lea & Blanchard; Durkee on Gonorrhœa, sent by mail, Sept. 5th.

Dr. J. H. G., Philo, O.—Wilde's ear speculums, three in a set, silver plated, costs $3.50. This is the most satisfactory speculum. It can be sent by mail.

METEOROLOGY.

September	4,	5,	6,	7,	8,	9,	10.
Wind	S. W.	S W.	S.	S. W.	E.	S. E.	——
Weather	Cl'dy, Rain, T. & L.	Clear.	Clear.	Clear.	Cl'dy, Rain.	Cl'dy, Rain.	S. W. Clear.
Depth Rain	2 6-10					1 5-10	
Thermometer.							
Minimum	69°	68°	70°	65°	67°	62°	61°
At 8 A. M	82	76	78	76	73	67	69
At 12 M	85	83	85	81	74	69	78
At 3 P. M	82	84	86	84	73	69	79
Mean	79 50	77.75	79.75	76 50	71.75	66.75	71.75
Barometer.							
At 12 M	30.1	30.1	29.9	30.3	30.1	30.2	30.8

Germantown, Pa. B. J. Leedom.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV All the numbers.
Vol. V. No 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61. to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64 Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers,* of No. 414, Feb. 4, 1865.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

THE FOOD AND THE TEETH.

Observations on the Inorganic constituents of the Food of Children, as connected with the Decay of the Teeth, and the Physical Constitution of Women in America.

By the late James Paul, M. D.,

Of Trenton, N. J.

(Continued from page 187.)

Returning then to our subject, you will observe by the analysis, that cow's milk differs from that of woman in the proportions of some of the constituents, that it abounds more in butter, but particularly in caseine, or cheese; and on the other hand, that human milk abounds more in the saccharine principle, or sugar of milk. Now this points out a circumstance from which great benefit may be derived. It is of very frequent occurrence that infants are deprived of the natural nourishment of the mother, and diverse opinions are given relative to the food of infants by persons who really know very little about the matter; one recommends a milk diet, another that the infant must be fed on starch and sugar.

Now to enable the infant to receive a nourishment in every respect similar to the mother, the knowledge of the various proportions which we obtain by chemical analysis, enables us to rectify and produce milk very analogous to human milk from that of the cow, by diluting it with water in the proportion of about half as much again; that is to a pint of milk should be added half a pint of water that has been boiled, which will reduce the cheese principle to the proper proportion; add a small portion of cream to restore the proportion of butter, and then add sugar until the whole is distinctly sweetened, and we have a compound in every respect similar to the milk from the human breast.

To understand the subject of nutrition, allow me to explain to you, that food should, or must embody two great principles; one to nourish, the other to give heat to the body. And food, when consumed, is applied to one or the other of these purposes. Now, in the process of digestion, the constituents of the food are separated, and arranged in three classes.

1st. All that portion derived from animal food, eggs, the curd of milk, the gluten or adhesive portion of wheat and other grain, and whatever in animal or vegetable food can be rendered into *albumen*—of which the best example that can be offered in illustration is the *white of egg*, which is in reality nearly pure albumen—and the principle is therefore called *albuminous*.

2d. All that portion of the food derived from vegetables, starch, sugar, etc., that can be converted into *sugar* in the process of digestion. This principle is, therefore, called *saccharine*.

3d. All the fat, butter, oil, etc., which, when deprived of the other substances, is left in the state of *oil*, and therefore called *oleaginous*.

Now, of these three the *albuminous* is the *nutrient*, and the *saccharine* and *oleaginous* the *calorifacient*, or heat giving; and chemical analyses show that they vary in composition.

	ALBUMEN.		OLEAGINOUS.
	Eggs.	Wheat.	Mutton Fat.
Carbon	55.000	55.01	78.996
Hydrogen	7.073	7.23	11.700
Nitrogen	15.920	15.92	
Oxygen, Sulphur, Phosphorus	22.007	21.84	9.304

	SACCHARINE.			
	Starch, Arrow Root.	Sugar from Starch.	Sugar of Milk.	Cane Sugar.
Carbon	44.40	37.29	40.00	42.301
Hydrogen	6.18	6 84	6.61	6.384
Oxygen	49.42	55.87	52.93	51.315

You will observe that the albuminous or nutrient differs from the saccharine and oleaginous, in containing nitrogen, and sulphur and phosphorus, with carbon, hydrogen and oxygen, while the latter contains only carbon, hydrogen and oxygen—nitrogen being required in those compounds which give strength and formation to the frame.

Now the albuminous, or nutritive, being that portion which affords nourishment to the body, contains those constituents required in the first place for the formation and giving strength to the

different portions of the body, and when fully developed, of repairing the general waste continually going on in the system, whether from the usual wear and tear, fractured bones, or the ravages of disease. And the saccharine and oleaginous—the calorifacient or heat-making—to keep up a continual supply of fuel, as it were, that the body may be kept of a regular and proper temperature; for you are no doubt aware that there is a continual supply of carbon, or, in more simple language, of charcoal, required to keep up the natural temperature of the body; and what is not required for immediate use is stored away in the form of fat, to be called into action as occasion requires.

We have seen in the analysis of milk, that that fluid contains butter, cheese, and sugar; consequently we can understand how an infant can thrive so well upon it—the cheese or caseine* of the milk, containing the nitrogenized or nutrient principle, which together with the earths and salts contained in the milk, goes to form the bones, muscles and the different tissues of the body—the sugar, which we have seen by the analysis, contains a large quantity of carbon in its composition, going to keep up the temperature of the infant, while the butter, in the nature of fat, is stored away in a healthy infant, filling up every vacant interstice, causing a roundness and plumpness, the pride and joy of the happy parent.

Now let us mark the difference of the babe that has been denied a milk diet, and is doomed by ignorance to be fed on starch and sugar. You will recollect that these two substances were composed of carbon, hydrogen and oxygen only. By a process of digestion which I need not here enter into, such food is converted into sugar, the carbon of which becomes the fuel by which the temperature of the body is kept up—there being no principle in the food to give albumen, there is nothing taken into the stomach upon which the gastric fluid can expend its solvent powers; the infant is, therefore, much troubled with acid eructations, and the stomach becomes weak and irritable. The want of the nutritive constituent of the food, and the earths and salts, etc., necessary and essential for the formation of the bones and teeth, show a lamentable deficiency in the child's development, and there being no fatty matter to be laid up, the body is emaciated, the countenance is ghastly, the flesh and integuments hang soft and flabby over the bones, no absolute disease can be detected, the child is ravenous and hungry, and the unfortunate babe descends to the tomb a spectre and an object of the most pitiful description. This is no fancy sketch, but one too often met with in the ordinary walks of professional life. And why is it so? Simply because the composition of the human frame, the component parts of our food requisite to produce that frame, and the process of digestion and nutrition, are so little understood.

We now advance from infancy to childhood—and this is a period when the greatest attention is required in supplying nutriment to aid nature in the great work of developing the body. The child is now deprived of the maternal secretion, and dependent on food prepared for its use by the hand of man—perhaps living in a city, and deprived of pure and wholesome milk from the cow. And we know there is a vast disproportion in the quality of milk when the cow is country fed on the natural productions of the farm, and when city fed on slops and grain, the refuse of the brewery.

It is at this age that the great proportion of bony substance is deposited; those of the extremities are lengthened, become more compact and stronger, and the substance of the teeth is deposited in the cells of gelatinous tissue. How necessary is it, then, that this subject should receive the utmost attention of parents. It has hitherto been too much the custom to leave all this, as belonging entirely to nature—as a thing we had nothing to do with. We have been too much in the habit of considering that nature furnished her own materials, and man had nothing to do with her operation. The potter cannot fashion the bowl without the clay, neither can bone be formed without earth. No, my friends, nature must be supplied with the material, which, although offered in the most incongruous forms, she has the power of decomposing, selecting from, and supplying for the various purposes required; one portion, as we have already stated, to act as fuel in keeping up the temperature; another portion she selects to add to the flesh, the muscle, skin, and different tissues; and the earths which are held in solution, she carries away by vessels adapted for that purpose, and deposits them atom by atom, until they are so compressed, so strongly compacted together, as to become what we call *solid bone;* and all this so wonderfully wrought, that as we have seen, small tubes are left in the hard stony formations both of the bones and of

*

	Analysis of Caseine from fresh milk.	Albuminous substances found in whey after coagulation with an acid.
Carbon	54.825	54.96
Hydrogen	7.153	7.15
Nitrogen	15.628	16.89
Oxygen, Sulphur,	22.394	21.73 0.36

the teeth, that nourishment may be supplied them, holding in solution the material of which they are composed, that the natural waste and decay may be replaced, and injuries repaired.

It is to this nutrition, and of the earthy matter of which the bones and teeth are composed, a deficiency of which is attended with results so deplorable, that I particularly wish to call your attention.

To what can we attribute the calamity which too often befalls the young? I allude to distorted spines, where the bones composing the spine, instead of forming a column, allowing the body to be erect and dignified, are zigzag in their course, causing one shoulder to bulge out, and the opposite side to bend or double upon itself. This deformity has been long understood to arise from a deficiency of *lime* in the composition of the bones of the vertebræ, allowing them to fall, press upon, and injure each other, destroying the beauty of the fabric, and the health and comfort of the individual.

Now let us take a glance at the inhabitants of two countries, natives of which are no strangers on this continent. I take them as examples, because the food of the *common people* of those countries, is well known to be of the most common kind. I allude to natives of Scotland and Ireland—the principal food of one being *oatmeal*, and of the other, *potatoes*. We have heard a great deal of the famishing poor of those countries, and particularly of the latter—of the misery and wretchedness seen in every hovel; and there cannot be a doubt that famine walked through the land, when the blight and rot despoiled them of their potato crop, on which, for so long a period, they depended as the great article of food. Now, allowing all this—allowing, in the *best seasons*, the chief article of subsistence has been potatoes for breakfast, dinner and supper; glad indeed many of them to get a little animal food once a week to dinner, or even far more seldom—I now ask, what number, in the thousands of emigrants from that country who yearly arrive at our ports, are there that show a constitution weak, fragile, and wanting in physical strength? Many, no doubt, arrive, worn down by disease and suffering, and in the last stage of debility; but let them recover from that state, and the robust frame and healthy constitution will be again developed; the bones are strong, the teeth undecayed, and the muscular energy only wanting opportunity to display itself;—in fact, when we wish to denote strength in woman, we use the familiar phrase, "strong as an Irish woman;" and all this from being reared on *potatoes*. But then, if we examine the analysis of the potatoes, we shall find contained in 100 parts of dry potatoes,—

Carbon	41.1
Hydrogen	5.8
Nitrogen, Oxygen,	45.1
Ashes	5.0

Here we see that potatoes not only contain the nutrient but the earthy constituents.*

But we have a stronger and more healthy race yet, from Scotland and the north of Ireland, who are generally descendants of the Scotch, and continue, in a great measure, the same means in rearing the young. Now, *a* principal, I will not say *the* principal food of the youth of Scotland, high and low, rich and poor, except in the larger cities, amongst those who class themselves as more refined and more civilized, but who number few in proportion, consists, for breakfast, at least, of oatmeal—that is, porridge and milk; and milk, potatoes, and wheaten, oaten, and peas bread, or *bannocks*, at other times of the day. Animal food amongst the poor is a rarity; a meat dinner on Sunday *only*, being common. Even, among the youth of the better class, butcher's meat, or animal food, is by no means a principal article of subsistence. And I would particularly remark that *Scotch oatmeal* (the oatmeal generally used throughout Scotland) is coarse, and contains much of the bran which invests the oat—containing, as it does, a large proportion of the earthy constituents required for the production of bone. Analysis of 100 parts of dried oats gives:

Carbon	50.7
Hydrogen	6.4
Oxygen	36.7
Nitrogen	2.2
Ashes	4.6

I may here casually remark, that the advantage to be derived from this wholesome food has not escaped the observation of her majesty, Queen Victoria, who appears in the multiplicity of her public duties, not to lose sight of the equally sacred duties of a mother—and we hear of her son, the heir to the crown of Great Britain, being as fond of his oatmeal porridge as the meanest peasant child in Scotland.

I rather doubt, if parents generally have given

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* According to a memorial presented to the French minister, on the proportions of nutriment of the means of living, by Dr. Glaser, we find potatoes taking no mean rank.

NUTRITIVE ELEMENTS.

100 lbs. Wheat Bread contains 30 lbs.

"	Flesh	"	21 lbs.	
"	Fresh Beans	"	80 lbs.	casein and starch.
"	Peas	"	83 lbs.	
"	Lentils	"	94 lbs.	
"	Potatoes	"	25 lbs.	albumen, starch, and sugar.
"	Carrots	"	14 lbs.	albumen with sugar.
"	Beets	"	8 lbs.	

to this subject the attention to which it is entitled. I trust, however, that those who have followed me thus far, may be impressed with its importance. We cannot shut our eyes to the complaint which so generally prevails, of decayed teeth—and a moment's reflection will call to mind the number of the young and beautiful who are prematurely hurried to the tomb, ere yet the bud has expanded into the full-developed flower. Nay, comparing the two countries, the statistics of life and death communicate to us also the important fact, that while the greatest mortality shows itself in England in infancy and childhood, on this side the Atlantic, it is found at a more mature age.

Neither has the tendency of the physical organization of woman on this continent to degenerate, escaped the observation of one of our greatest medical philosophers in this country,* who regards this retrogression as a national calamity, and impresses upon his students the importance of the subject, and the propriety of their attention in attempting to arrest it; and he particularly specifies the great object to be gained in the use of bran-bread, made from unbolted flour. On this head, I shall have more to say hereafter.

With these observations, let us now direct our attention to what can be offered in remedy of this evil.

We have already stated, that in no country in the world are children more beautiful or more lovely—healthy in complexion, quick, smart, and intelligent—active, sprightly, and playful in their disposition. Now, in the period from infancy until the child becomes mature—let us, at all events, say until thirteen or fourteen years, and even to a more advanced age—there is a continued growth—a continual deposition of organic and inorganic or earthy particles, which are required for the formation of bone, teeth, flesh, and every part of the human body. I have shown you that the essential ingredients for these several formations are all found in the milk of the mother; consequently, as long as the infant is deriving nourishment from the mother, she ought to partake of good, wholesome, nourishing food—that the blood, deriving these principles from the food, may be able to supply them in turn to the milk from which it is secreted. So long then, as the child is thus nourished, so long is it safe, and the rudiments or foundation of a robust frame is laid. And if we are to expect, in future life, the stalwart frame of man, or the enduring, firmly-knit, compact, and healthy physical constitution in woman, the organic and inorganic or earthy compounds of which that frame is composed must not be denied—Nature must be supplied, or Nature will fail.

It is not for me to dictate to any parent what shall be the food of his child—it is enough that I point out for their information, what may be required to give, what in common language is called "bone and sinew," to their offspring. It is necessary then that the food of children shall contain:

1st. Aliment, having the *calorifacient* or heat-sustaining principle. And this is contained in quite sufficient quantity in the usual food—in milk, wheaten bread, potatoes, arrow-root, Indian corn, (as mush, hominy, or corn-bread,) in most vegetable matter, and in sugar.

2d. Aliment containing the *nutrient* principle. And this is contained in animal food—the lean of beast, bird, and fish—in milk, eggs, wheat, rye, potatoes, beans, etc., etc.

And, 3d. Aliment containing the inorganic or earthy constituents—on which depends strength of frame, and from which are formed the bones and teeth of the individual. And these are contained in milk, eggs, animal food, and particularly in wheat, rye, oats, potatoes, etc.*

Of the inorganic constituents contained in wheat, (and the same may be said of the other

* Dr. Jackson, of Philadelphia.

* On this subject, I extract the following from Carpenter's Phisiology, p. 488: "These substances are contained, more or less abundantly, in most articles generally used as food; and where they are deficient, the animal suffers in consequence, if they are not supplied in any other way. Thus, common *salt* exists, in no inconsiderable quantity, in the flesh and fluids of animals, in milk, and in eggs; it is not so abundant, however, in plants; and the deficiency is usually supplied to herbivorous animals by some other means. *Phosphorus* exists also in the yolk and white of the egg, and in milk—and it abounds, not only in many animal substances used as food, but also (in the state of phosphate of lime or bone earth) in the seeds of many plants, especially the *grasses*. In smaller quantities, it is found in the ashes of almost every plant. *Sulphur* is derived alike from vegetable and animal substances. It exists in flesh, eggs, and milk; also in the azotized compounds of plants; and (in the form of sulphate of lime) in most of the river and spring-water that we drink. *Iron* is found in the yolk of egg, and in milk, as well as in animal flesh; it also exists in small quantities in most vegetable substances used as food by man—such as potatoes, cabbage, peas, cucumbers, mustard, etc. *Lime* is one of the most universally diffused of all mineral bodies; for there are few animal or vegetable substances in which it does not exist. It is most commonly taken in, among the higher animals, combined with phosphoric acid: in this state it exists largely in the seeds of most grasses, and especially in wheat flour. If it were not for their deficiency of *lime*, some of the leguminous seeds (peas) would be more nutritious than wheaten flour; the proportion of azotized matter they contain being greater. A considerable quantity of lime exists, in the state of carbonate and sulphate, in all hard water."

cereal grains,) I have already alluded to the benefit to be derived from using bread made of unbolted flour. On this subject, allow me to refer to the difference of flour having much of the bran remaining, and superfine flour, or that in general use throughout this country, and on which Prof. JOHNSTON has made the following curious but practical observations. Examining wheat and flour, as to the amount of the nutrient or muscular matter, the fat-forming principle, and the bone and saline material, contained in grain in different states, he found that

	Muscular Mat.	Fat Prin.	Bone & Sal.
In 1000 lbs of whole grain.....	156 lbs.	25 lbs.	170 lbs.
" " fine flour.....	130 "	20 "	60 "
" " bran.....	.....	60 "	700 "

Taking the three substances together, according to Prof. Johnston, of a thousand pounds, the three substances contain, of the ingredients mentioned,—

	Whole Grain.	Fine Flour.
Of muscular matter.....	156 lbs.	130 lbs.
Of bone material.....	170 "	60 "
Of fat.....	28 "	20 "
	354 lbs.	210 lbs.

Accordingly, the whole grain is one-half more nutritious than fine flour.* It also shows the very great proportion of *bone material*,—that is, *earthy constituents*,—contained in the bran: no less than 700, out of a thousand parts, or a *little more than two-thirds* of the whole. Now, by reference to the same work, we find, in a communication from a Mr. BENTZ, the difference in weight of a barrel of flour, without the bran, and when only the outer coating of the wheat is taken off. He says, "The weight of the bran or outer coating would, therefore, in the common superfine flour, constitute the *offal*, weighing only 5¼ lbs. to the barrel of flour, whilst the ordinary weight of offal is from 65 to 70 lbs. to each barrel of flour; showing a gain of from 59¾ to 65 lbs. of wheat in every barrel of flour." Now, if we estimate the earthy constituents to be two-thirds of the offal or bran, we must consider that there is an actual loss of these important constituents, which might be reserved, in every barrel of flour, of 40 lbs.

Again, if we estimate, (according to the average of the consumption of flour to the amount of population, as one barrel to each individual,) that every child shall consume annually only half a barrel of flour, then we find, that by the use of the superfine flour, as commonly used in families, the child is deprived yearly of twenty lbs. of those earthy substances which are required to form the bones and the teeth. When we speak of a child consuming half a barrel of flour annually, it appears a large quantity; but when we reduce the same to a daily allowance, we find that it is little more than 4 oz. or 4⅓ oz.; and every parent must know that this would be a very small amount to limit children. Yet we see how large a quantity of the bony material would be added, if unbolted flour was used instead of the present superfine flour. I may here add, that the oatmeal used in Scotland, already referred to, contains the bran or inorganic constituents, while the oatmeal used in England is deprived of it. Now this is a great loss of the most valuable constituents in only one of the principal articles of the food of children; and if we allude to another article, which is largely used on this continent,—I mean Indian corn,—(and I may also add the fat of meat, both of which, children, if allowed, will partake of very freely,) we shall find that both of these abound more in the calorifacient, or heat-sustaining principle, and for the deposition of fat, than the nutrient; and that they are quite deficient of the earthy material, *of lime*—that material on which so much depends the proper structure of the teeth. Analysis of Indian corn shows the following composition—as taken from Mr. SALISBURY'S prize essay—read at the New York Agricultural Society, for 1849:

Whole kernel.

Starch	50.64
Sugar and Extractive	7.46
Sugar	1.50
Fibre	6.28
Matter separated from Fibre	0 05
Albumen	8.64
Caseine	1.70
Gluten	4.56
Oil	4.00
Dextrine or Gum	4.84
Water	10.22
	99.89

Ash of the kernel constituting about two per cent.

Carbonic acid	a trace.
Silicic "	1.450
Sulphuric "	0.206
Phosphoric acid	50.955
Phosphate of Iron	4.355
Lime	0.150
Magnesia	16.530
Potash	8.286
Soda	10.903
Chloride of Soda	0.249
Organic acid	3.400
	97.000

This is a most elaborate analysis—far more minute than any analysis we have had of any of the articles of food—in fact, more minute than satisfactory; for the analysis of the whole kernel does not exhibit any amount of inorganic constituent; and when the whole was converted into ashes, we find that the *lime* only amounts to *the one-sixth of one part* in a hundred. Now, on inquiry, I find, on the authority of a very intelligent miller of this city, that in grinding corn, the

* Patent Office Report, 1847, p. 116.

bran, or thin skin of the grain, is detained in forming it into corn-meal; consequently, it is deprived of even that portion more particularly containing the earthy constituents. This gentleman in conversation mentioned an important fact, relative to this deficiency of lime in corn. To the best of my recollection, he observed, "This stands to reason; for, ten years ago, all the lower part of Jersey grew excellent corn, but would not grow wheat; but since the introduction of *lime* as a manure, they have raised considerable wheat crops." Now the fact is, it is not the habit or food of this plant, even had *lime* been in the earth; and magnesia and the saline manures are recommmended to the agriculturist as best suited for its proper development.

It is generally looked upon as invidious, and one is more likely to incur odium, than to receive credit for saying one word against a food which stands so high in public estimation, and is so universally used over this continent. Yet it must not, for one moment, be supposed that I condemn the use of Indian corn, in its various forms of mush, hominy, bread, or pudding, as an article of diet: far from it. But containing, as it does, a large proportion of starch and fatty matter, rather a small proportion of the nutrient principle, and quite a deficiency of the inorganic or earthy constituents, I consider it as valuable, as a light diet, for heat-sustaining purposes only, and therefore a desirable adjunct *to other food*, containing more nutriment and a due proportion of the earthy constituents.

As an example or illustration of the want of the nutrient principle in corn or corn-meal, I may here allude to the effects I have seen in the West Indies; where, in a dearth of the ordinary provisions on which prisoners were fed, corn-meal was substituted; corn-meal and salted herrings, fish, etc., constituting their food. Now the effect was, that all the prisoners lost their natural strength; at the same time, they became fat and bloated, inclining to dropsy: and this was not the effect of incarceration; for the prisoners were engaged in road-making, trimming fences, etc.; consequently, in a healthy and exhilarating employment.

In reference to our domesticated animals, it may be asked, Why is corn so useful, as an article of food, to animals generally—horses, hogs, sheep, etc.? I have already shown that the overplus of the calorifacient food, after what may be required for sustaining the temperature, is stored away in the form of fat. Now, if we instance the horse: corn is generally, if not always, given as an adjunct to his more usual food, hay. And we find by analysis, that grass or hay contains not only the nutrient principle, but the inorganic constituents required in the formation of bone, etc.

One hundred parts of dry hay contain—

Carbon	45.8
Hydrogen	5.0
Oxygen	38.7
Nitrogen,*	1.5
Ashes,†	9.0
	100

Thus, the hay gives to the animal strength in bone and muscle, while the corn supplies additional heat-sustaining properties, and lays by, in the form of fat, the overplus as a reserve. The harder the horse is worked, the more corn he can bear; the great proportion of the carbon being carried off by the lungs, and the hydrogen and oxygen, as water, in exhalation and perspiration. But if the same quantity is given to a horse at rest, it overloads him with fat, which, in his case, accumulates more internally, or around the internal organs, and will, in course of time, induce disease; while in the pig, under similar circumstances, the fat is laid on externally, if I may so speak, giving the rich fat pork of our markets. And here I would again remark, that no farmer would consider it necessary or essential to give corn to a young colt or horse, until required to work; nay, so careful is nature, in appropriating just so much and no more of any constituent that may be required, that the food of the young horse should be more nutritious than heat-sustaining; and that there shall be no superfluity to store away fat, we find by analysis, that the milk of the mare has little or no butter, in fact only traces of it, in its composition.‡ What a lesson in the animal economy is here given, and what a practical illustration of the requirements of the young of that and other animals!

Again, it may be contended, that among the beautiful children we see on every hand, there is no want of those who are fat and hearty. It is not *fat* we want—it is bone and muscle—with so much fat only as shall give firmness to the flesh and plumpness to the figure. Fat, although it enters intimately into union with the other component parts of bone and muscle, cannot be transformed either into the inorganic constituents of bone or teeth, or into muscular fibre; these must be contained in the food consumed, in the first place, and thence transferred to the blood.

* Fifteen pounds of such hay, containing oz. 3.095 of nitrogen.
† These ashes having a good proportion of lime.

‡ ANALYSIS OF MARE'S MILK.

Water	896.3
Butter	Traces.
Caseine	16.2
Sugar of Milk, Extractive Matters, and Fixed Salts	87.5
	1000.

How necessary, then—how important it is—if we expect to give strength and vigor to the constitution, that the food, in the first years of infancy and childhood, when the formative process is going on, should receive some further attention than has hitherto been given to it; and if our youth—if our young females have hitherto been deprived of the necessary constituents for the full development of every portion of the body—can we wonder that a woman should be the delicate and fragile being she is, or that by the decay which assails the teeth in early life, she should be deprived of an ornament of so much value? If this state of things can be altered—if the physical constitution of woman in America can be saved from further degeneracy—a purpose may be effected, of consequence even in a national point of view; for it is to the healthy and vigorous constitution of woman that we must look for a race of hardy, vigorous and enterprising freemen.

In conclusion, I would briefly state, that this is a matter in which professional aid can avail little; it lies at the door, and must be the work of parents generally. It is for them to understand the great value to be attached to the food on which their children subsist—that it shall be wholesome and nutritious, and abounding in the earthy compounds so absolutely necessary to their proper development. If the chief articles of food have hitherto consisted of compounds made of superfine flour, corn-meal, and the fat of meat, let there be substituted in their stead, bran-bread, milk, eggs, the lean of meat, and potatoes; let more attention be given to the nutrient quality of the food;—let there be no deficiency of those articles containing the earthy material, that the bones and teeth shall not be deficient in those constituents so necessary in their composition and structure; and I should be inclined to hope that the evils which now exist will be lessened, and the physical organization of succeeding generations be equal to that of any nation upon earth.

TENACITY OF HUMAN LIFE AS SEEN IN CASES OF GUNSHOT INJURIES.

By T. L. Leavitt, M.D., A.A.S., U.S.A

(Continued from page 152.)

Case 6. Wm. Holland, private, Co. I, 6th N. C., æt. 45 years, was wounded and taken prisoner at Petersburg, Va., June 1st, 1864. The ball, from a minnie rifle, entering just below the tubercle of the left tibia, fracturing but not splintering the bone, and making its exit at inner side of leg, on horizontal line with point of entrance, the fibula escaping injury. Admitted to Lincoln Hospital June 10th, 1864. The whole leg in an erysipelatous condition.

June 20. Complains of sharp lancinating pains below the wound of entrance, slight distension of skin noticed along the spine of tibia, with some inflammation. The pus is probably burrowing beneath the periosteum. Incised freely to the bone, giving free exit to a sanious offensive pus, and great relief to the patient. Placed the fracture-box at a slight elevation, to counteract the tendency of the pus to gravitate, and in time implicate the whole length of the bone.

July 3d. Incised three inches below former opening, found bone necrosed, removed large spiculæ. Treatment tonic, stimulating, and supporting.

July 17. Gangrene in the ward; doing badly. Used bromine and fermenting poultice.

July 22. Looking better, profuse suppuration.

July 27. Wound looks healthy, granulations springing up along the whole track.

July 30. Cicatrization commencing nicely.

Aug. 2. Gangrene again in the ward. Weather oppressively warm, thermometer 100° Fahr., in the shade. Wound sloughing with great rapidity, implicating the newly-formed cicatricial tissue, and extending deeply beneath the bone.

Aug. 3. A hæmorrhage took place this morning, from some of the muscular branches probably, and was readily controlled; a tourniquet was placed in position over the femoral artery, in order to arrest any bleeding that might at any moment take place.

Aug. 4. Another hæmorrhage occurred during the night, which, however, was severe, the medical officer of the day being occupied with a similar case, and the tourniquet being misapplied by the night-nurse before my arrival. A consultation was called, and amputation, as a forlorn hope, decided upon, the strength of the patient failing rapidly. After excessive stimulation, he was thought able to undergo the operation. The knee-joint being considerably diseased, I performed the simple circular amputation at the lower third of the femur; no appreciable blood was lost, and, after arriving at the ward, the patient rallied, but only for a short time, when he sank and died before sunset. The tibia was extensively honey-combed. although an attempt at re-union had been partially successful.

If this man could have been removed at an early date to a more healthful atmosphere, I have no doubt that he would have ultimately recovered, so great were his powers of endurance and recuperation, and so tenacious his grasp upon life.

Case 7. Wm. P. Bernard, æt. 22 years, private, Co. A, 44th Ga., received a gunshot wound in left scapula, ball penetrating the thoracic cavity, and injuring the lung. Patient states that he was lying down in the skirmish line of battle when wounded. Emphysema exists over left side of trunk, and partially in front. Complains of severe pain caused by breathing, but slight dyspnœa. Satisfactory auscultation difficult, on account of the extent of the emphysema. Where this does not exist, great dulness on percussion, and total absence of all respiratory sounds posteriorly; anteriorly, as far as fifth rib, lung appears uninjured; below this, however, great dulness and absence of any respiratory sounds.

July 8. Great dyspnœa, heart appears displaced to the right of median line, from the excessive effusion that is increasing in the left thorax; its action labored and hurried. Base of right lung, respiration feeble and dull on percussion. Blisters, wet and dry cups, fail to relieve the oppression, but lessen pain. Bowels regular and in good condition. Appetite tolerably fair. Cough very troublesome, expectorates frothy mucus, with occasional clots of blood.

July 20. Patient becoming very much jaundiced, liver much enlarged. Clayey stools.

July 21. About 4 o'clock this morning, a frightful hæmorrhage took place, the blood gushing from nostrils and mouth, syncope soon following, when the hæmorrhage stopped of itself.

July 22. Perfect rest imposed, and the use of table salt prevented any serious return of the bleeding until this evening, when another profuse hæmorrhage occurred. The patient gradually failing until half past eleven o'clock, when death ended his sufferings.

The autopsy revealed the course of the ball, which entered at about the middle of the supraspinous fossa of the left scapula, fracturing also the fifth rib, passing downward and inward through the lower lobe of the left lung, diaphragm, and left lobe of the liver, and lodging in the head of the pancreas.

The lower lobe of the right lung and the lower part of the superior lobe were found in a state of red hepatization. Left lung completely carnified, large effusion of blood and lymph in cavity. Heart normal, but much displaced, its chambers perfectly empty. Pericardium covered with effused and partially organized lymph. Liver greatly congested and enlarged, weighing 87 ounces; the left lobe decomposing rapidly. Gall-bladder was filled with a dark purple substance, exceedingly tough and inspissated, of about one ounce in weight. Diaphragm, in locality of wound, softened and surrounded by a purulent deposit. Stomach and intestines normal.

Life was here prolonged for ten days with a fearful laceration of vital organs, and injury of that most important muscle of respiration, the diaphragm, causing agonizing pain at every breath; which the poor fellow described as of a red hot knife plunging through and through him.

Editorial Department.

Periscope.

Ligature of the Iliac Artery.

A case of aneurism is described in the *Dublin Medical Press*, having occurred in the city of Dublin Hospital, under the care of Professor Wm. Hargrave, in which ligation of the left common iliac artery was resorted to. *Per se* the operation was successful, as the artery was entirely and permanently occluded, without the following of secondary hemorrhage. But the patient died from exhaustion, the result of pelvic abscesses and hæmorrhage established in the aneurismal sac through collateral circulation.

Without going into a history of the case we give the account of the operation and of the autopsy.

Operation, April 29th, 1865. Patient well under the influence of chloroform before and during the operation. An incision was made from the point of the last rib, slightly curving downward to Poupart's ligament, mid-distance between the anterior superior spine of the ilium and symphisis pubis about eight inches long through the superficial fascia; the three broad muscles were next carefully divided from below upward and from angle to angle of the incision. Any hæmorrhage was venous with the exception of the internal branch of the circumflex ilii vessel which was sliced. A ligature was tied on each side of the opening and the vessel divided. The transversalis facia was perfectly *cleansed* and *free from any blood;* it was very strong. The smallest possible portion of it was pinched up in the forceps, and found by its transparency to be free of the peritoneum, which was divided on the director for the entire extent of the wound, the peritoneum was freely exposed and the color seen beneath it. The peritoneum was removed from the iliac fossa to the mesial line of the body with the greatest facility, with more ease than in the dead subject; it carried with it firmly adherent, the ureter. The aneurismal sac, occupying the external iliac artery remained almost in a state of repose, *i.e.* did not project into the wound, as has occurred in similar operations. It was well defined at the cardiac or proximal end, and corroborated what was ascertained before the operation, of dipping deep into the pelvic cavity, perhaps compressing the external

iliac vein, so accounting for the great œdema of the entire of the left limb. The common iliac artery was now exposed and visible to the naked eye, the vein was not equally apparent. The separation between these vessels was easily effected with the finger nail, and a hempen ligature passed under the artery from within outward. On compressing it on the aneurismal needle, all pulsation in the aneurism completely ceased, it *becoming so flat as to have disappeared.* The genito-crural nerve was embraced by the ligature in the first instance, from *which it was excluded.* The extreme sensitiveness of this nerve was evident from the fact that when very gently touched, to free it from the ligature, the patient was roused to perfect consciousness from a deep anæsthetic sleep. This occurred twice.

The artery was tied about half or three quarters of an inch above its division into the external and internal iliacs.

The patient died July 11th, seventy-third day after the operation.

Post mortem examination, (Drs. Tufnell and Croly.) An incision made from umbilicus to symphisis pubis, and another from same point to ant. super. spinous process of the ilium. Muscles and fascia traversalis next divided; intestines adherent in left iliac fossa, by firm bands of lymph, the result of inflammation. The intestines being drawn up the fascia iliaca was exposed, covering the iliacus internus muscle; ureter was observed crossing the anterior surface of the common iliac artery, just at its bifurcation. The aneurismal tumor which was soft and fluctuating to the touch, measured five inches by two and a half behind, and to its outer side lay the anterior crural nerve, flattened and expanded. The abdominal aorta was exposed as high as the origin of the inferior mesenteric branch; it presented a normal appearance as regards size; an inch above its bifurcation into the common iliaca, a calcareous deposit, about the size of a four-penny piece, was seen protruding through the coats of the artery; it occupied the right side of the vessel.

The left common iliac artery (that on which the ligature was applied) was much smaller than the corresponding artery of the other side; there was a fibrinous clot in it just below its origin from the aorta—the vessel was severed by the ligature, half an inch above the bifurcation into the internal and external iliacs. On passing a probe through the internal into the common iliac, it was stopped by the adhesion of the vessel at the distal side of the ligature. The same occurred on passing a probe through the aorta into the common iliac. The common iliac vein was closely adherent to its artery, and the external vein was pressed on by its artery. Femoral artery and vein healthy, and of natural size. Iliac fossa unusually dense, and closely bound to the vessels; a large oval lymphatic gland occupied the left side of the common iliac artery, which was seen during the operation of a bluish color. The pelvic cavity was filled with unhealthy pus; the pelvic bones sound and not indented by the tumor. Internal epigastric artery slightly enlarged. A probe passed through it into the aneurisimal sac touched a soft fibrinous clot. Walls of sac thin.

The aneurism was egg-shaped, the larger end downward, and a little inward, measuring five inches in length, three and three quarters in depth and extended from about one inch from the origin of the external iliac artery, *which was enlarged* to within one and a half inches of the profunda covering the external iliac vein for about two inches of its course externally and posteriorly. The tumor, on being laid open for the entire of its exent, contained at its two superior thirds a very soft greyish fibrinous clot, but not distending it; in the inferior third was a soft black blood deposit, scarcely to be considered a coagluum being so friable. The aneurism communicated with the external iliac vein by a well defined oval opening of about one quarter of an inch in diameter, situated a little below the middle of the tumor on its internal and posterior aspect. The epigastric slightly enlarged, could be traced backward to the same opening, the arterio-venous on the internal and posterior opening of the aneurism, *and seemed to form prior to its communication with the aneurism, a small cavity, capable of containing a bean which was filled with fluid blood.*

This examination shows the case to have been one of aneurismal varix (or arterio-venous aneurism), in this case being a spontaneous formation (in contradistinction to the traumatic variety), which has been recorded by Bransby Cooper, Perry, and Prof. Porter, affecting the femoral vessels, being a primitive disease, the result of thinning of their coats. This rare variety was surmised early in February, for combined with a well-marked *bruit de sonfflet*, there was also a most remarkable vibratory thrill, which was occasionally so loud and strong as to mark the proper aneurismal bruit. This surmise was fully confirmed by the examination, which presented, as described, a well-marked complication of the direct communication between the vein and artery, and still more complicated by the direct entrance of the epigrastic artery into the inferior part of the aneurism. L.

Nitrate of Silver and Sulphate of Copper in Conjunctivitis.

The *Boston Med. Surg. Jour.* (July 27), contains a very valuable and interesting paper on the above subject by Dr. Loring. All our readers have observed that each of the named applications has its own defenders, and we are pleased to see so careful an investigator as Dr. L. present his views to the profession. In summing up the article referred to, the author says:

"The result of my own observation has been that each of the remedies has its peculiar virtues, dependent on its peculiar chemical and physiological action, which render them applicable to different diseases, or different degrees of the same disease, and that the nitrate of silver is superior to the sulphate of copper:

1. In acute catarrh, in purulent and gonorrhœal conjunctivitis and that of new-born children, when the first violence of the inflammation has passed, when there is much hypertrrophy of the papillæ and surrounding tissue, and much

swelling of the lids, accompanied by an abundant purulent discharge.

2. When an acute attack of purulent or gonorrhœal ophthalmia has passed, leaving behind it a general relaxation, with much hypetrophy of the tissues, and when the epithelial layer is much thickened. The nitrate is useful here as elsewhere in removing the morbid collections and in giving tone to the vessels and tissues, though it should not be repeated often.

3. In acute granular conjunctivitis, where the granulations acting, on account of their size, as a foreign body, have occasioned a general conjunctivitis, with hypertrophy of the papillæ, accompanied with swelling of the lids and some discharge. Here it should be discontinued as soon as the acute symptoms have passed.

4. In diptheritic conjunctivitis but *very* rarely, and only when the vascularity of the part has been re-established, when the epithelial layer is unhealthy, and where nature is evidently laboring to throw off the morbid exudations in the tissues.

The sulphate of copper is superior to the nitrate of silver:

1. In acute conjunctivitis, where the secretion is scanty and where there is but little hypertrophy of the papillæ and the cellular tissue, and but little alteration of the epithelial layer.

2. When acute conjunctivitis becomes chronic—a condition where the nitrate may be occasionally used in combination with it.

3. In chronic granular conjunctivitis, especially in trachoma when the mucous membrane seems to be deficient and the epithelial layer thin, and when a tendency to cicatrization of the tissue exists. Here, also, the nitrate may be used occasionally, whenever the epithelial layer is increased in thickness and the granulations appear large and florid.

4. In a relaxed condition of the conjunctiva or subconjunctival tissue from whatever cause, where moderate but continued stimulation is required.

Among the varieties of conjunctivitis for the treatment of which both of the above remedies would appear contra indicated, may be mentioned the following:

1. In simple hyperæmia of the conjunctiva and in simple catarrhal conjunctivitis, where milder astringents are more advantageous.

2. In the latter stages of purulent or gonorrhœal conjunctivitis, when the circulation has been so much interfered with that stasis is liable to occur—a condition in which all astringents are extremely injurious.

As different diseases of the same class must necessarily run into each other, and as no distinct line can be drawn between different phases or degrees of the same disease, no absolute rule for the use of either of the above remedies can be laid down; still, I cannot help thinking that the above classification represents, in a general way, the cases to which the virtues of each remedy are applicable, and that their peculiar therapeutical merits will be found to depend on their respective chemical and physiological properties.

Treatment of Chronic Diarrhœa.

In the *Chicago Medical Journal* for August, Dr. G. D. Winch, Surgeon 42d Wis. Vols., has an article on chronic diarrhœa, from which we make a few extracts regarding the treatment, which we can, from experience, heartily endorse.

The disease calls for a steady and persistent course of treatment. Remedies should not be abandoned, because of not relieving symptoms in a short time. If he has been exposed to malarial influence, remove the patient to a salubrious locality. In the scorbutic taint, the persistent course of vegetable diet with lemonade and citric acid, is to be commenced at once. Oranges and baked apples are excellent. Animal diet is necessary to keep the vital powers above the point where the reparable process fails. Beef tea and essence, and chicken soup, most common and useful. Rice a good adjunct. Milk must not be neglected, it is of great utility in small quantities often, where there is not much desire for food. *Never* continue an article of diet when it produces nausea and vomiting. Mutton chops and soft boiled eggs should be tried, and, if not producing indigestion or irritating the bowels, should be continued.

As regards remedies, it is only by a judicious use of tonics, chalybeate astringents, opiates, and alcoholic stimulants, that benefit can be received. Opiates should be given to quiet pain, when there is tormina, in half-grain doses until the pains cease; or, in cases of sleeplessness, in grain doses at bedtime. *Tr. ferri chlor.*, in doses of 10 to 15 drops every three hours, is often well borne and very useful, in connection with opiates, when they are necessary, or alcoholic stimulants, if there is prostration. If any tendency to periodic exacerbations, quinia is to be used. Mineral acids are useful, especially in the scorbutic variety. Give arom. sulph. acid, 10 to 15 drops, three times daily. If there is hepatic derangement, the nitro-muriatic acid is more desirable. Tannin, catechu, etc., are of no utility, on the contrary injurious, by irritating the stomach and producing hepatic congestion.

Alcoholic stimulants to be given under the same circumstances as would indicate their use in other diseases. They should not be given recklessly, but where the system is becoming prostrated, prescribe a certain amount, watch the patient and vary the quantity according to its necessity and effect. *Never* leave this part to the judgment of the nurse.

Of injections, the author prefers, cupri sulph., gr. iv., tr. opii, m. xx., pulv. acaciæ, ʒss., aquæ, f.ʒiv., used morning and evening.

A Parisian editor recently asked Dr. Ricord, the eminent medical practitioner and writer, to publish his memoirs in the former's newspaper. The Doctor replied: "My memoirs? Why I never thought of such a thing! Shall I call them 'The Speculum applied to the XIXth century?'"

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 23, 1865.

MEDICAL SCHOOLS.

In a number of medical colleges, throughout the United States, the preparatory fall-courses of lectures have already commenced, and in a few weeks more the regular annual sessions will begin.

From the announcements of most of the medical schools, it is apparent that their faculties are fully aware and conscious of the great trust placed in them, and the importance of the work in which they are engaged—that of teaching the facts and principles of a science, upon which depend the lives and health of millions, and the sanitary welfare of a nation.

It is gratifying to notice that in many instances, during the last few years, the faculties of our colleges have been strengthened by the addition of more teachers, both of professors and adjuncts, which gives an opportunity to add new branches of study to the curriculum—or at least to teach more extendedly and with greater hope of success, such branches as had formerly been neglected. The names upon these announcements, present an array of well-known talent, scientific research, professional worth and eminence, that leave nothing to desire, and compare favorably, we venture to say, with the corps professorial of any country.

But, while the corps of teachers of the various schools has generally been reinforced, and new branches have been added to the course of instruction, we observe that there has been *no* decided extension of the regular period of instruction. This, however, *nemine contradicente*, is the great point for reform in our schools.

The difficulty has always been, not so much the lack of teachers, or the limited scope of the instruction, as the impossibility to go through more than the main facts and principles of the main branches of our science, in so short a space as six months. This, we believe, is the highest period through which the regular course of any of our colleges extends. And if, under these circumstances, one teacher succeeds in imparting to his pupils a pretty clear and full knowledge of his particular branch, it is generally done at the expense of some other branch, which may not present the same interest to the pupil. The main fact we know to be true, and every teacher and *student* will agree with us, that the time of the latter, during a regular winter course, is disproportionately taken up by lectures, and that, after spending some hours daily in practical anatomical pursuits, etc., there is very little time left him for real study.

With the increase in the number of professors, and the addition of new branches, we would like to see an extension of the time of these regular annual courses of instruction. Both should go hand in hand. Common sense, among a large number of students who can afford it, time being of no pressing importance to them, has taught them to remedy the evil, by attending three, instead of the prescribed two courses, which enabled them to study with more leisure, and to greater advantage.

This is what we should advise every student to do. If at all possible, attend three courses of lectures. During the first course, pay particular attention to anatomy, chemistry, materia medica, and physiology. Master these branches perfectly, they form the corner-stones of medical science. The second year, throw yourself with all your energy upon general and special pathology, surgery, and midwifery, paying attention to the other branches only sufficient to retain what has already been learned. The third course you can hear every branch with both pleasure and profit; take no notes, however, of didactic lectures, but let your main business be to study and write up clinical and hospital cases, and be a *fixture* at all college and hospital clinics.

A plan more or less similar to the above, at any rate, distributing the study of medicine over a larger space of time, has for years been and is yet followed by many students, and the necessity of some general action among the faculties of our medical schools, tending to the same end, will, we have no doubt, make itself felt more strongly every year. There can certainly be no impropriety in our calling the attention of the profession to the fact that an increase in the number of teachers, and addition to the branches to be taught, demand an extension of the period of instruction. It has long been admitted, generally, that it is, under any circumstances, too short.

PUBLIC HYGIENE.

Our late exchanges from Great Britain are full of the accounts of meetings and conferences, all held for the one specific purpose of advancing the state of public hygiene, in view of the threatened approach of cholera, or other epidemics. One of these conferences was presided over by the Episcopal Bishop of London, a fact, which we mention only to show that the movement is a general one, and sustained by those high in authority.

In our own country, the spread of the Eastern epidemic has been recorded in the daily and weekly papers with care, and the anticipated probability of its leaping across the Atlantic has given rise to considerable fear. That we will remain exempt from the disease, in its regular march from East to West, contrary to all the experience of the past, none will expect or believe. But that an infinite amount of good can be done by timely precautionary measures, that the disease can be rendered milder in its form, and less severe in its ravages, by an energetic abatement of all nuisances which tend to deprave the air of our cities, our streets, our churches, schools, halls and theatres, houses and huts, all will admit, who have in former years observed and studied the tendency of the scourge to fasten itself with the greatest virulence upon just those localities, which were characterized by a total neglect of all hygienic rules and laws, and where accumulated filth contaminated the air we breathe with concentrated foulness.

Whether cholera is again to invade our shores or not, even the ordinary mortality of all our large cities could be rendered much lower, if it were in the power or will of municipal authorities to introduce and enforce a system of public inspection, in conjunction with strong and comprehensive laws for the abatement of nuisances. But of what help are all inspections and laws, if those to whom they are entrusted are neglectful or ignorant of their duties, and as long as these offices remain in the hands of unscrupulous politicians.

Let us take, for an instance, the largest city on this continent, our great commercial metropolis, New York. Naturally enjoying the best advantages of being made a perfectly clean and healthy city, underlaid by a splendid soil, having unequalled natural facilities for drainage, plenty of good and wholesome water, and the sea wafting, morning and evening, her healthy and invigorating breezes over the whole island, yet one of the oldest cities in the Union, one of the wealthiest and the most cosmopolitan in the world, she boasts of the highest rate of mortality of any city in the Union, as she is one of the *dirtiest*.

The official statistics of her authorities have repeatedly settled this question of the unfavorable rate of her mortality. In regard to the filthy condition of her streets, that is a matter which, if we do not believe the occasional outbursts of honest indignation to which her editors give vent, we can verify by a short walk, and that even not through the worst parts of the city. There can hardly be anything worse in the shape of filthy streets in Constantinople, than we find to exist in the lower part of New York, around the wharves, in the neighborhood of Washington Market, which, hygienically, constitutes one of the biggest nuisances of the city. In the morning, before the sun and the breezes have had time to somewhat disinfect the foul odors of decomposing vegetation and animal matter, which are allowed to accumulate there, in the streets and upon the docks, to the depth frequently of half a foot and more, there is such an indescribably disgusting sickening odor, hanging like a thick cloud over the streets and penetrating into every house, that one can hardly conceive how an enlightened community, such as New York claims to be, can for a moment rest contented, until these nuisances are abated.

If the mere outward appearance of a city is thus filthy, what must be expected of the inward filth, the uncleanliness, the want of pure air, the poisoned atmosphere of houses in those crowded parts of the city, where sunshine can hardly penetrate, and proper ventilation is next to impossible? The published reports of able sanitarians have repeatedly given us the results of their investigations, and every one who feels interested in the subject, is already fully conversant with the truly terrible state of these underground populations, and of the lower classes of tenement-houses. We need not dwell on the subject.

But, the remedy? That is the question. Nothing less than a *thorough system of inspection*, not only of streets, but of houses and yards, in every suspected neighborhood, and the abatement of all nuisances which may endanger the health of the community, will be successful in diminishing the rate of mortality of our larger cities, and counteract the apprehended dangers from severe epidemics of any kind. One great obstacle in the way of such an efficient system, is the democratic form of our government. People do not like to be inspected and policed over. But, withal, there is no harm, as far as the principles of self-government and individual liberty are concerned, in the *people* trying to protect *themselves* against those who, by neglect or ignorance, would make themselves and their dwellings sources of disease and pestilence to others.

THE PRITCHARD POISONING.

We print, herewith, a criticism on some editorial remarks we recently made upon professional etiquette, as connected with the Pritchard poisoning case. We have only to say that our remarks were predicated upon the case as we found it reported in one of the ablest and most critical literary journals of the country. If the

case was there reported incorrectly, as our correspondent claims, of course, our deductions and strictures are alike baseless.

We would be the last to animadvert upon professional etiquette as it is understood and practised by all high-minded physicians. Indeed, it has been one of the leading designs of this journal to foster and encourage a more faithful attention to those necessary rules and amenities of the profession which every well-educated and gentlemanly practitioner feels it his pleasure, as well as duty, to conform to, as much for his patient's welfare as for his own comfort and well-being. But professional etiquette has its proper limits. It is not within its province to aid the poisoner or the assassin in the commission of his crime, and it was upon a reputed attempt so to pervert it that we commented.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

The first of the series of *conversational* meetings for the season, of this active society, was held on the evening of the 13th inst., at the hall of the College of Physicians. It was largely attended, although the heat was oppressive—the thermometer being in the neighborhood of 70°, with scarcely a breath of air stirring. The paper read by Dr. Condie was a complete and faithful portraiture of Typhus Fever, as it has been witnessed at different periods in this city, both in its sporadic and epidemic forms. It elicited a spirited debate, in which a large number of gentlemen participated.

The second of these conversational meetings will be held on the second Wednesday evening, the 13th of October next. *Asiatic Cholera* has been selected for discussion, and a gentleman of known ability and practical experience chosen to introduce it. As there is at this time considerable anxiety in the public mind in regard to the probable appearance of this disease in our midst, it seems to us that the selection of this subject for investigation is highly opportune, and the fact that the profession are thus timely moving in the matter, ought to reassure the community that nothing will be left undone by the profession, collectively and individually, that science, skill, and experience can effect, to stay the ravages of that terrible scourge.

Pension Examining Surgeons.

The following have lately been appointed:—

Rhode Island.—William Akie of Newport.

New York.—R. L. Hovey of Rochester.

Notes and Comments.

Cure for the Cholera.

A St. Petersburg doctor, we infer from a statement of the *British Medical Journal*, has effectually made an ass of the English embassy at St. Petersburg. He had long been awaiting an opportunity to exhibit the wonderful efficacy of an infallible cure for cholera. At the outbreak of the epidemic at Alexandria, he applied to the French embassy, where they were sufficiently smart to give no satisfactory response. He then applies to Mr. Lumley, the English ambassador, who sends it to Lord Russell, and Lord Russell refers it to the College of Physicians. "The cure consists in the administration of a powerful snuff. If the patient's Schneiderian membrane responds, and eight or ten sneezes can be got out of him, he is safe, and saved; but if the snuff (which is powdered hellebore) produce no effect, the patient must die. No sneeze, no cure! It is this remedy which the philanthropic doctor earnestly hopes Lord Russell will send on at once to Alexandria, and of which Lord Russell transmits notice to the College. We recommend the notion to some of our *Yankee cousins, who have already done a great business in hellebore and veratria.*"

Beg your pardon, gentlemen! The point of the joke is not visible here. We have done some business in veratria, establishing beyond cavil its powerful and good effects in a number of diseases, but we must respectfully decline the honor of this kind reference until you find some American ambassador sufficiently verdant to allow himself to be duped by a foreign quack, and communicate his verdancy through official channels.

Correspondence.

DOMESTIC.

Professional Etiquette and the Pritchard Poisoning Case.

Editor Med. and Surgical Reporter:

In your editorial remarks in the Pritchard poisoning case, I think you are wrong, either from want of consideration, or from not having seen the testimony. It seems to have occurred to you that such was the case when you wrote the closing paragraph.

I have not the full testimony at hand, so can only give it in substance. Dr. Pritchard was a physician of regular standing, and of untarnished reputation, among physicians and in society.

His wife is sick, and he calls Dr. Patterson in consultation. Dr. Pritchard tells him the treatment he is pursuing: he is giving antimony. Dr. Patterson tells him he thinks such a course detrimental to the patient. A second time he is called in counsel, and finds the patient still taking antimonials. Again he dissents from the treatment, and expresses himself strongly against it.

In neither interview has he any reason to suspect the medicine administered with any wrong intent. There is nothing to show that Dr. Patterson had any suspicions of foul play, or anything wrong beyond an error of judgment. The fact of calling counsel was an evidence of solicitude on the part of his neighbor, who was a physician, and the patient, his wife. The only course, in common civility, let alone professional courtesy, was to express a friendly dissent from the treatment pursued. There was nothing to show that he had any right, beyond friendly expostulation.

When suspicions were painfully aroused, and a train of evidence brought in, showing base criminality, Dr. Patterson sees at once the part he had performed, and that what he saw were so many links in the now completed chain of crime. If he had known this before, would any "professional etiquette" have hindered him from interfering, when, by not doing so, he became *particeps criminis?*

The remarkable expression that is going the rounds of the press, to the very great obloquy of an honest man, and of the profession, had qualification enough in court to render it harmless, and it should be very far from a medical journal to give currency to so baseless a charge. Dr. Patterson is innocently called in consultation, he dissents from the treatment, he so expresses himself. The common courtesies among gentlemen, as well as *professional etiquette, prevents any* (further) *interference in the case.*

Yours truly,

P. J. Farnsworth.

Clinton, Iowa, Sept. 1865.

News and Miscellany.

Action in Philadelphia in Respect to Cholera.

BOARD OF HEALTH.

Report of the Sanitary Committee of the Board of Health on the Subject of Cholera, as presented to and adopted by said Board, September 13, 1865.—The Sanitary Committee, to whom was referred a preamble and resolution passed by the Board September 4th, bearing directly upon the present sanitary condition of our city, in view of the steady approach of cholera toward this western hemisphere, and the proper steps, if any, that may be required to prevent its appearance and spread in our midst, beg leave to report the following:

In view of the present excitement regarding the prevalence of cholera in various places on the continent of Europe, its rumored appearance in England, and the well-grounded apprehension, based upon its former history and progress, that at no distant period it may again visit this country, the Board of Health have not been unmindful that due provision should be made in season, having for its object either to avert the disease altogether or mitigate its severity, should it appear in our city.

To this end they claim the early and zealous attention of the Mayor and Councils to the rigid enforcement of all existing sanitary ordinances, together with their hearty and cheerful co-operation with this Board in the adoption and carrying out of such hygienic appliances as, in a sanitary point of view, may place our city in a condition most favorable to resist the scourge, if it should appear, believing that, at all times, "prevention is better than cure," and that to be forewarned is to be forearmed at the approach of an enemy.

The present, therefore, is the time when wholesome sanitary regulations, properly directed, may change the future of our city, should cholera visit us.

It becomes us, therefore, as the guardians of the public health, not only to weigh well and reflect carefully upon our responsibility in this matter, but without delay, and by an active and thorough interposition, institute such a system of sanitary and medical police as shall be adequately adapted to meet any and every emergency with which we may be threatened or called upon in the providence of God to meet.

It is neither important, nor is it expedient, at this stage of our proceedings, as a Board of Health, that we should indulge in any observations, or enter into any detailed inquiry as to the origin and progress of cholera, whether it be of domestic origin, or introduced from abroad—whether it is derived from an atmospheric or malarious poison—whether contagious or infectious. These questions having been fully if not satisfactorily discussed elsewhere, it is sufficient for our purpose that we familiarize ourselves with the fact that large and densely populated cities, on the border of rivers, are favorite resorts for cholera, and that the power of the disease is increased in proportion to the degree of insalubrity arising from the influence of locality, and the existing sanitary condition of its several districts.

In possession of this information, we consider it our first duty to be prepared to meet the epidemic should it approach our shores. If we procrastinate and delay action until the outbreak of the disease, or until the atmosphere has become infected with the cholera poison, we might be held responsible for a culpable neglect of the faithful discharge of a sworn trust committed to us as guardians of the public health.

While the Board have all confidence in their own ability and resources, aided by legal enactments, to perform the duty incumbent upon them at this crisis, they feel that the co-operation of the Mayor and Councils is desirable in order to

inspire confidence in the community, and give greater weight to any precursory measures for the preservation and protection of the health and lives of the citizens from the impending epidemic.

Entertaining these views, and relying upon the assurance that they will meet with popular favor, the Board would adopt the following resolutions:

1. *Resolved*, That in the opinion of this Board the time has arrived for the adoption and enforcement of strict sanitary police regulations, in anticipation of the advent of cholera at an early or more remote period.

2. *Resolved*, That — district agents be appointed by this Board, who shall be under the direction of the district committees, to act as assistant messengers until otherwise ordered; their salaries to be the same as the messengers of the Board.

3. *Resolved*, That the duty of the district agents shall be to visit and inspect carefully every house, cellar, yard, stable, factory, work-shop, shed, manure-heap, privy, water-closet, drain, street, sewer, gutter, alley, court, vacant lot, burying-ground, vault, slaughter-house, rag and bone shop, dock, and furnish the number of underground tenements, with their population, within their several districts, and also other places wherever there may be suspicion of existing filth or accumulation of material liable to act as food for the poison of an epidemic, and report each week to the Board, through the district committees, in books provided for the purpose.

4. *Resolved*, That the citizens be earnestly advised and required, as an essential sanitary domiciliary defence against the inroads of cholera, to keep their houses, cellars, workshops, factories, stores and storehouses clean; to whitewash their cellars, fences, outhouses, and other places where it can be done; to avoid the accumulations of rubbish of every description in their houses, cellars and yards; and direct their efforts to establish free ventilation about all their premises, as among the best known means of adverting, lessening and destroying the poison of cholera.

5. *Resolved*, That the Mayor and the Health Committee of Councils be invited to meet the sanitary committee of this Board for a free conference, as regards the best means to facilitate the carrying out effectually the above plan of house-to-house visitation, and for the suggestion of other suitable measures for proper enforcement of personal and public cleanliness, before the epidemic shall make its appearance among us.

6. *Resolved*, That Councils be requested to make a special appropriation of $20,000, to enable the Board to put in operation, without embarrassment, the above system of sanitary police regulations.

All of which is respectfully submitted.

Wilson Jewell, *Chairman.*
Jacob B. Coates,
Peter Armbruster,
E. Ward,
Sanitary Committee.

BOARD OF SCHOOL CONTROLLERS.

At a late meeting of the Board of School Controllers of this city a communication was received from the president of the Board admonishing the members of the existence of the cholera in the eastern hemisphere, and of its probable westward march. It suggests cleanliness in the school buildings, and adds that though this Board has from time to time called upon public authorities to furnish ample school accommodations, and though they are blameless, yet they will merit censure if they do not use such preventives from disease as may be at hand. Many of our schools are shamefully neglected by the janitors, that a very large proportion of them have no fit ventilation—that we must occupy these buildings as school (or store) houses for our children a year or two longer, even if City Councils should give *promptly* the lots on which to erect new buildings, with the funds already appropriated for building purposes.

To a large degree, by timely prudence and forethought, the spread of the cholera may be mitigated by causing our school cellars to be cleansed, and by ample use of lime, providing for better ventilation, and generally by adopting such counsel as the health officers and medical gentlemen may suggest.

The communication recommends that each sectional Board be requested to make, or cause to be made, at as early a day as practicable, a complete, careful survey of each and every building and yard occupied or used for school purposes, and to report to this Board as soon as possible (not later than the next stated meeting), the sanitary condition of each, giving all needful information which will aid this Board in future measures which it may adopt, to guard against the pestilence now so fatal in Europe. Also, that such reports be at once referred to the Committee on Property, with instructions to report promptly to this Board what steps, in their judgment, may be desirable.

On motion, the recommendations embraced in the communication were unanimously adopted.

Resignation.

We learn that Dr. Wm. Mayburry has resigned as Attending Physician at the Hospital of the Protestant Episcopal Church in this city, a position which he held for a number of years, and the duties of which he discharged faithfully and most acceptably.

Medical Department of the Army.

Major-General D. E. Sickles, in an address delivered on the 13th inst., at the opening of the fair of the American Institute, at New York, alluded as follows to the medical department of the army. It will be remembered that the General has experienced in his own person the care of the army medical department, having had a leg amputated at Gettysburg.

"I can do no more than glance at the improvements of the medical department of the army; indeed I can only speak of any of the great staff department so far as their operations passed under my own observation. The construction and organization of general hospitals, the ample arrangement for field hospitals, the liberal and various supplies for hospitals, the unstinted and judicious expenditures for scientific appliances,

improved ambulances, hospital wagons—which are portable apothecary shops—hospital cars, adapted expressly with spring-beds to carry the sick and wounded of the army over railroads; the humane use of chloroform; the liberal supply of stimulants; the extensive issue of quinine, one of the most expensive medicines as a preventive—these are among the noticeable features of our improved administration of the medical service in the army."

MARRIED.

Carmalt—Churchill.—On Thursday, Sept. 7, at Calvary Church, Utica, N. Y., by the Rev. A. B. Goodrich, James E. Carmalt, of Susquehanna co., Pa., and Charlotte J., daughter of Dr. A. Churchill, of Utica.

Cornell—Overton.—At 2 P. M., Tuesday, Sept. 12, at the residence of the bride's mother, by Rev. Dr. Brown, of Brooklyn, George B. Cornell, M. D., and Millie Josephine Overton, both of this city.

Baily—Broom.—In Wilmington, Del., on the 12th inst., by the Rev. George F. Wiswell, E. J. Baily, M.D., Surgeon U. S. Army, and S. Cornelia, daughter of the late Hon. Jacob Broom, of Philadelphia.

Hosford—Gay.—In Boston, on Monday, Sept. 11, by the Rev. E. B. Webb, D. D., Charles Hosford, M.D., of Thompson, Conn., and Miss Helen E. Gay, of Boston.

Howard—Smith.—At North Attleboro, Mass., Sept. 5, by Rev. S. Babcock, of Dedham, G. C. Howard, M.D., of Middlebury, Vt., and Georgia W. Smith, of N. A.

Kerlin—Dix.—In Groton, Mass., at the residence of the bride's father, on the 7th inst., by Rev. C. Nightingale, Dr. I. N. Kerlin, of Media, Pa., Superintendent of Penn'a Training School for Feeble-Minded Children, and Harriet Caroline, daughter of Benjamin P. Dix, Esq.

McElhone—O'Hanlon.—On Wednesday, Sept. 13, by Rev. C. Farrell, John J. McElhone, of Philadelphia, and Mary Matilda, youngest daughter of Dr. Philip O'Hanlon, of New York city.

Neel—Woolston.—On Tuesday, 12th inst., at the residence of the bride's father, by the Rev. Jefferson Lewis, William H. R. Neel, of Philadelphia, and Mary D., daughter of Dr. Samuel Woolston, of Vincentown, N. J.

Patterson—Cox.—On Thurday, Sept. 14, at Grace Church, Orange, N.J., by Rev. A. C. Coxe, D.D., assisted by Rev. James Bush, Rector, Edward Patterson, of New York, and Isabel Liddon, daughter of the late Dr. Ab'm Liddon Cox, Surgeon U. S. V.

Phillips—Cutler.—In Brooklyn, on Wednesday, Sept. 13, by Rev. F. Marion McAllister, assisted by Rev. Lawrence H. Mills, Dr. H. J. Phillips, of New York, and Frances Caroline, daughter of F. M. Cutler, Esq., of Avon.

Rollin—Chesnut.—At the residence of the bride's father, Dr. Thomas Chesnut, by the Rev. J. W. T. McMullen, Mr. J. B. Rollin, of Indianapolis, and Miss Ella Chesnut, of Lafayette, Ind.

Stees—Friend.—In St. Paul, Minn., on the 29th of August, 1865, by the Rev. Dr. Brooks, Clinton G. Stees, M. D., late Surgeon of the Army of the Northwest, and Miss Virginia Friend, of St. Paul, Minn.

Taylor—Coryell.—On Tuesday, the 12th inst., at Lambertville, N. J., by the Rev. E. Johnson, Dr. Richard G. Taylor, of Philadelphia, late Surgeon of the Thirty fifth New Jersey Volunteers, and Jennie, daughter of Alexander Coryell, Esq., of Lambertville.

DIED.

Durney.—On Sunday, 10th inst., at his residence Talbot county, Md., Dr. Robert A. Durney, formerly of Philadelphia, son of John and Ann Maria Durney, in the 38th year of his age.

Ewing.—At Newtown, on Wednesday evening, the 13th instant, Catharine Otto, widow of the late Dr. S. S. Ewing, in the ninety-third year of her age.

Hibbard.—On Monday, September 11, at South Lee, Mass., David R. Hibbard, M. D., of Union, N. J., aged 57 years.

Tomlinson.—Suddenly, in Nashville, Tenn., Sept. 7th, 1865, Dr. Thomas P. Tomlinson, (of Bristol, Bucks co., Pa.,) Assistant-Surgeon of the 78th Pennsylvania Veteran Volunteers.

Terry.—At Baton Rouge, La., Aug. 23, of inflammation of the brain, Act'g Ass't Surgeon Charles E. Terry, U. S. A.

ANSWERS TO CORRESPONDENTS.

Dr. E. R., Niles, Mich.—Turnbull on Defective Vision, and on Deafness, sent by mail, Sept. 16th.

Dr. C. J. N., Lima, O.—Gross' instrument for removing foreign bodies from the ear, sent by mail, Sept. 13th.

Dr. J. H. K., Worcester, Pa.—Pereira's Pocket Prescription Book, sent by mail, Sept. 16th.

Dr. G. W. G., Kintnerville, Pa.—Polypus forceps, sent by mail, Sept. 13th.

Dr. W. M. L., Salem, O.—Pocket-case of instruments, sent by Express, Sept. 14th.

Dr. J. M. S., Saddle River, N. J.—Slade on Diphtheria, sent by mail, Sept. 16th.

Dr. P. J. R., Derry Church, Pa,—1 oz. silver wire, sent by mail, Sept. 16th.

American Medical Association.

In consequence of the expense of the publication of Vol. XVI. (1865) of the Transactions, the Committee of Publication have fixed the price at five dollars ($5). Members who have already paid three dollars ($3), are requested immediately to forward the additional sum, ($2.) As the number of copies published will be but slightly in excess of the number of subscriptions, those who desire copies should immediately forward the amount either to the Treasurer, Dr. C. Wister, 1303 Arch street, or to

Wm. B. Atkinson, Permanent Secretary.
215 Spruce st, Philadelphia.

Sept. 18, 1865.

METEOROLOGY.

September	11,	12,	13,	14,	15,	16,	17.
Wind	S. W.	S. W.	S.	S. E.	N. W.	S. W.	W.
Weather	Clear.	Clear.	Clear, Sho'y.	Cl'dy, Sho'y.	Clear.	Clear.	Clear.
Depth Rain				1 in.			
Thermometer.							
Minimum	66°	68°	66°	70°	71°	59°	59°
At 8 A. M.	75	79	75	79	79	67	68
At 12 M.	77	83	79	84	83	75	77
At 3 P. M.	79	85	78	84	84	76	78
Mean	74 25	78.75	74.50	79.25	79.25	69.25	70.50
Barometer.							
At 12 M.	30.2	30.2	30 4	30 2	30 2	30.3	30.2

Germantown, Pa. B. J. Leedom.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64 Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers,* of No. 414, Feb. 4, 1865.

THE

MEDICAL AND SURGICAL REPORTER.

No. 448.] PHILADELPHIA, SEPTEMBER 30, 1865. [Vol. XIII.—No. 14.

Original Department.

Communications.

DEFECTIVE AND IMPAIRED VISION.

With the Clinical Use of the Ophthalmoscope in their Diagnosis and Treatment.

By Laurence Turnbull, M.D.,

Of Philadelphia.

Astigmatism.

Rays of light coming from the sun or any other luminous body, and striking upon the eye, are said to be refracted, or bent, and by their passage through the various media, are united in one-focus. But this is only true if the eye is perfect. If any of the dioptric or refractive portions of the eye are imperfect, this reunion is not perfect, and there is spheric aberration; such an aberration depending on differences in the different meridians of the refracting apparatus, is called astigmatism. This term was invented by Rev. Dr. Whewell, from two Greek words, meaning that rays coming from one point, are not united on one point in this condition.

This inability to collect light on one exact point of the retina is not common. Such is my experience.* The first case which I examined, in an extensive experience, (that of Dr. D., of Philadelphia,) was caused by an alteration in the refracting surface of the cornea, the vertical meridian of that membrane having a greater degree of convexity than the horizontal.

The crystalline lens is also the cause of astigmatism, but is stated to be not as frequent a cause as the cornea. To determine if a patient is laboring under this defect, he is directed to close one eye, and examine with the other the cross lines of a window-frame, any deviation in the distinctness with which these may be observed, or in the apparent length or breadth, as looked at with the head in an upright or inclined position upon the shoulder, betrays irregularity more or less, in the refracting media or surfaces of the eye. Therefore, in a true case of astigmatism, horizontal and vertical lines cannot be seen with equal clearness at one and the same time.

What is the treatment? This, fortunately, was discovered long before Donders* brought the subject prominently before the profession. By his careful investigation and publication, in 1863, of the application of a mathematically correct measurement of the deflection of light, he determined an almost constant difference of refractive power of the cornea. If a cylindrical glass is put before an astigmatic eye, it is found to correct it. This condition, as I stated before, was corrected by the elder McAllister, the distinguished optician of our city, many years ago, but the number of such cases were few, and the eye of the patient so affected was called a cylindrical eye. Each case being more or less peculiar, lenses must be specially prepared for it; and it requires both skill and intelligence on the part of the optician.

The general principle on which the glass is shaped is this: one side of the lens is made a portion of a cylinder, of the same diameter as the cylinder cornea, having its axis, however, placed at right angles to that of the latter. The other side of the lens is made plane, convex, or concave, to suit the condition of the eye, irrespective of its cylindricity or astigmatic condition. If a simple cylindrical glass correct the vision, it is called normal, but if the focal distance of the neutralizing cylinder is more than 1–40, it is termed abnormal.

On Lenses.

Spectacle glasses, or lenses, are numbered according to their *focus*. To determine the focus of a lens is an important matter. The focus is the number of inches between the lens and a distinct representation formed by it of an object, which is at a distance of 50 to 100 feet—thus, take a lens of say six inches focus, and stand in the back of a room opposite the window; then holding the lens at the distance of six inches from the wall, there will be seen upon it a distinct image of an object out of doors. If the lens is

* This is our reason for not having treated of the subject before.

* Prof. Donders' work on the Accommodation and Refraction of the Eye. Translated for New Sydenham Society, London, 1864—(but not received by many of its members in Philadelphia.)

held at more or less than six inches from the wall, the image will be confused and indistinct; so of a lens of any other focus—the image formed by refraction will, when distinct, indicate the focus according to the number of inches between the lens and the wall.

In France, Sichel has recommended the higher number of lenses, but of feeble power, as for instance, 96, 80, 72. He advises these should be made use of in the outset, especially by the presbyopic patient. He also observes that the curvature of the arc of a circle increases in proportion to the diminution of its radius, it follows that the number of the glass, reckoned by its *focus*, diminishes with its power, the lens of the lowest number being the strongest, and *vice versa*. In England and the United States, these numbers are merely conventional. Thus, for instance, No. 1, corresponds to No. 48, French; No. 2, to No. 36. This is unfortunate, and should be remedied. The same numbers should be adopted in all these countries. In a set of concave glasses, I find No. 0, in English, corresponds with No. 36, German; No. 1, English, to No. 24, German; No. 2, English, to No. 18, German; No. 3, to 16; 4—15; 5—12; 6—10; 7—9; and so on.

In convex glasses they number 16 to 36 inches, the same, English and German, and the cataract glasses are the same, but, in England, different opticians use different numbers. This should not be so.

Presbyopia.

In my former papers I treated, at some length, the important subject of myopia. I will now endeavor to bring before my readers some account of presbyopia, and what light the ophthalmoscope has thrown upon it.

The far-sighted or presbyopic individual whose eye is thus affected, is generally about forty, still there are cases of young persons who also suffer from this defect of vision. A case of this kind presented itself to me this year, 1865, in a young physician who was liable to the draft, his age being 30 years, and who had suffered from this difficulty of vision from a boy, following a severe attack of disease. The symptom of the approach of this condition, is a failure in being able to see near objects, while they can be seen perfectly at a distance. This condition is often accompanied by ambylopia, (weakness of sight,) and when this is the case, we must resort to the ophthalmoscope, to see if the patient is not tending to glaucoma. If it is not any other disease, by means of a proper convex glass, we shall be able to restore the patient's vision and normal range of accommodation.

Donders has found that in the normal (‡emmetropic) eye, the near point† gradually recedes, even from an early age, further and further from the eye, and that, in consequence of this, vision of very minute objects becomes proportionately more and more difficult. This recession of the near-point commences about the tenth year, and progresses regularly with increasing age. At forty it lies about 8″ from the eye, at fifty, 11″–12″, and so on. In the normal eye, no inconvenience or annoyance is experienced from this recession, till about the age of forty or forty-five. At seventy or eighty years of age, it may be = 1–24, *i. e.*, the patient can see distinctly at a distance, with a convex glass of 24″ focus. Donders considers presbyopia to begin when the near-point is removed further than 8″ from the eye. The degree of presbyopia may, according to Donders, be easily found thus. If p> 8″ = 8+n presbyopia, Pr. = $\frac{1}{8}$+n—$\frac{1}{8}$.

This simply means that we are to deduct the near-point (8″) at which we consider presbyopia to commence, from the presbyopic near-point. If, for instance, the latter lies at 12″, it would be 1-12 — 1-8 = — 1-24, Pr. = — 1-24. Again, if it lies at 16″, it is 1-16 — 1-8 = — 1-16, Pr. — 1-16. We have, at the same time, found the number of the convex glass which would bring the near-point back again to 8″. In the first case it would be convex 24; in the last, convex 16.

Wells* thinks there can be no question as to the advisability and necessity of affording far-sighted persons the use of spectacles. They should be furnished with them as soon as they are in the slightest degree annoyed or inconvenienced by the presbyopia. Some medical men think that presbyopic patients should do without spectacles as long as possible, for fear the eye should, even at an early period, get so used to them as to find them indispensable. This is, however, an error, for if such persons are permitted to work without glasses, we obsreve that the presbyopia soon rapidly increases. In choosing spectacles for far-sighted persons, we must also be particularly guided by the range of their power of accommodation. If this is good, we may give them glasses which bring their near-point to 8″, but if it is much diminished, weaker glasses should be chosen, so that it may be at 10″—12″ from the eye.

Von Graefe thinks that the rapid increase of presbyopia is most likely due to an increase of intra-ocular pressure and flattening of the cornea.

* Exact eye. † Three and a half to four inches.
‡ Long, short, and weak sight, and their treatment by the scintiefic use of spectacles, by J. Soelberg Wells. London 1862.

VESICO-ABDOMINAL FISTULA.

By J. S. Parry, M. D.,

Resident Physician, Philadelphia Hospital.

J. H., colored, intemperate, was admitted into the surgical wards of the Philadelphia Hospital on the 25th of May last, laboring under secondary syphilis. There were no primary symptoms, and the case presented no peculiar features. He improved steadily, and was apparently nearly well on the 28th of June following, when he eloped.

Nothing more was heard of the man until the third of the next August, when he applied for readmission, with an opening in the median line of his abdomen, one inch below the umbilicus. Through this he evacuated his bladder, the urine, when he stood up and made some effort, being projected forward two and a half to three feet. The history was rather indefinite. He said that it had existed only two weeks, and that he had had no difficulty in making water. He had had gonorrhœa frequently, but said that he had never had a stricture, and a middle-sized catheter was easily introduced into his bladder. There were very evident marks of constitutional syphilis. He was very much debilitated, and had a profuse diarrhœa. The treatment was stimulating and supporting, no specific or local remedies being used. He died from exhaustion, twelve days after entering the house.

Autopsy—twelve hours after death. A catheter was passed into the urethra, a long probe into the fistula, and they brought in contact in the bladder. Two lateral flaps were now made, the external and internal oblique muscles dissected up on each side and turned downward. The recti muscles were then divided and thrown out of the way. A careful examination now showed that the fistula passed directly backward, through the linea alba, and then turned abruptly downward, anterior to the fascia transversalis, between and posterior to the recti muscles, entering the bladder on its anterior surface, a little below its fundus. The walls of the canal were formed of the condensed tissues of the part, and were hard, firm, and resisting. On each side of the bladder, a sinus ran off along the pubic bones, for about two inches, ending in a blind and somewhat dilated extremity. Lower down, from the side of the organ, was another canal going off to the right, and terminating immediately over the obturator foramen in a cavity, which contained about three-quarters of an ounce of unhealthy, ichorous looking pus. Upon examination of the abdomen, it was found that there had been a local peritonitis, the sigmoid flexure of the colon and some knuckles of the small intestine being adherent to the fundus of the bladder, whose walls were very much thickened and slightly sacculated. Its capacity was somewhat diminished. The mucous membrane was dark-colored, almost black, as was likewise the lining membrane of all the sinuses and the fistula running up the abdomen. The urachus was carefully examined, and was in the natural condition of adult life. The kidneys were large, soft, and fatty. The remainder of the abdominal and all the thoracic viscera were healthy.

Hospital Reports.

Jefferson Medical College,

Surgical Clinic of Prof. Gross.

Reported by W. W. Keen, Jr., M. D.

Lupus Exedens.

Oct. 5. Jacob Z., æt. 71. Six years ago when drawing on a stiffly starched shirt the patient scratched his nose. The spot became sore, and soon the lupus was developed. The right ala is entirely destroyed. His constitution is pretty good.

℞ Potassii iod., gr. v.
Hydrarg. chlor. cor., gr. ½.
Liq. potass. arsen., gtt. iij.
at a dose, three times a day.

℞ Unguent. hydrarg. nit., ℥ij.
Cerat. simp., ℥vj.
Opii pulv., gr. xx.
Apply locally, three times a day.

Onychia Maligna.

Oct. 8. Eliza L., æt. 3. Three months ago a man trod on this child's thumb, and afterward it was injured in cracking a peach-stone. The nail and distal phalanx are now completely gone. The discharge is thin, sanious and offensive. Her bowels are in good condition; sleeps and eats well. She is perfectly healthy otherwise, but rather pale.

℞ Hydrarg. chlor. mit., gr. ij.
Jalapæ pulv., gr. iij.
in one powder.

℞ Hydrarg. chlor. cor., gr. 1-15.
Aquæ dest., f.℥j.
three times a day.

℞ Plumb. acet., ℥ij.
Tinct. opii, f.℥ss.
Aquæ, Oss. M.
S. Apply on a slippery elm poultice.

Popliteal Aneurism.—Forced Flexion.

John R., German, æt. 45, foundry-man. Three months ago, while unloading a wagon, something

seemed to give way, and he then perceived a swelling in the popliteal space of the right leg. When partially flexed there is pulsation, but when in complete extenson, or complete flexion, it is absent; it is controlled by pressure on the femoral artery. The aneurismal thrill is distinctly perceived, but it is faint. There is no discoloration. I placed the limb in strongly forced flexion, and retained it by bandages, having also bandaged the limb from the toes to the thigh. I also gave verat. virid., gtt. v., four times a day.

Oct. 9. Coldness and numbness in the posterior part of the leg, and in the toes.

Oct. 15. The pulsation ceased this morning. The tumor is somewhat diminished in size.

Oct. 22. The patient dismissed cured. There has been no return of pulsation; the size of the tumor is greatly lessened. During the treatment he has been allowed no meat, and was purged pretty freely.

Abscess in the Lumbar Region.

Oct. 8. John Waldamon, æt. 24, combmaker. About January 1st, perceived a small swelling in the left lumbar region, which was sometimes accompanied with occasional jumping pain. It is now 10 to 11 inches in diameter, with increased temperature, and distinct fluctuation in all parts. On examination with the exploring needle, the contents of the tumor were found to be pus.

Oct. 16. His general health, sleep and appetite are good. His family is not strumous. The tumor is tolerant of manipulation, and is usually not the seat of any pain. Its surface is smooth, not nodulated. The subcutaneous veins are enlarged. On puncturing with a trocar, about f.℥xvj of a thick yellowish pus was evacuated, being the larger portion of the contents of the abscess, and then adhesive plaster, a large compress, covering the whole tumor, and a roller bandage were applied.

Oct. 23. No pain; good appetite. The tumor is fuller than it was a week ago, but covers no larger space. No fever, nor chills.

Punctured it again subcutaneously by means of a trocar, and evacuated about f.℥xvj more of the same kind of pus, mingled with a little blood.

Hare-lip and Fissure of the Palate—both double.

Oct. 12. Ellsworth, 35 hours old, has hare-lip on each side, at the ala of the nose, the middle piece projecting horizontally. There is also a fissure in the palate and alveolar processes of the superior maxillary, on each side of the septum narium, one-fourth of an inch wide, the nasal fossæ communicating freely, and in their whole extent, with the buccal cavity. This fissure meets another running at right angles with it, between the maxilla and the palate bones, and the palate is cleft also.

Treatment. Compressor to the middle fragment,—a sort of labial truss—ordered, and a future operation.

Dec. 14. The boy is brought back in good health. It has been "brought up by hand." The parts are in the same condition, the labial truss having never been applied. I pared and approximated by the hare-lip suture, the fissure in the lip on the right side, and ordered free and good nourishment, and good care. The operation will be completed on the left side in the future.

Caries and Necrosis of the Foot.

Oct. 12. Jas. C., German, æt. 25, shoemaker. His general health is poor. Eight months ago the disease began without any assignable cause, on the outside of the left foot, below and in front of the malleolus. There is now an ulcer there, with heat, discoloration and swelling, and an abscess in front of and below the internal malleolus. The whole limb is atrophied. On probing, dead bone was readily felt, and a large part of the calcis and astragalus extracted, opening into the ankle-joint.

Oct. 16. His health is far better, by reason of the tonic treatment instituted, of iron and quinine. He sleeps better; appetite is good, and he has no pain. The wound is not so tender as it was, and the openings have closed to a large extent. On probing, more dead bone was felt, especially externally, running pretty far back in the calcis. Possibly the palliative treatment may save his foot.

Feb. 26. He was lost sight of till this date, when he returned, having made an admirable recovery. The ankle is somewhat stiff, but he can walk readily, with only a cane. The wound is almost entirely healed. The cause of it, as has been since ascertained, is a syphilitic taint of the system.

Syphilitic Sore Throat.

1. Oct. 16. Bernard K., æt. 39. The disease has existed for 10 months, and the ulceration has now destroyed the right tonsil and that side of the arch of the soft palate. The ulcer has a foul excavated appearance, with several black spots on the surface. There are no swellings on the bones. By his report his habits were not such as to lead to this form of disease. Applied locally by a mop as follows:

℞. Liq. hydrarg. pernitrat., f.℥j.
Aquæ, f.℥vij. M.

Oct. 19. On further questioning it seems that he has great pain, especially at night, so that he cannot sleep. His hair has come out largely since he has had the disease. He has pain on swallowing. There is great improvement in the ulcer. He has less pain, and the foul appearance is much diminished.

Apply locally as above hydrarg. pernit. and

℞. Potassii iodidi, gr. viij.
Hydrarg. chlorid. corros., gr. ⅛.
S. At a dose three times daily. M.

2. Oct. 19. John F., æt. 26. Three years ago he had a severe attack of fever and ague, when he took large quantities of calomel. For some three months now his mouth has been sore; he sleeps poorly on account of the pain which is severe at night: has no pain on swallowing; has not had any symptoms of syphilis to his knowledge. His hair has fallen off to a great extent. The uvula is gone and the soft palate fissured widely, nearly to its base.

He was purged; touched in the mouth with hydrarg. pernitrat, and took the following:

℞. Potassii iodidi, gr. viij.
Hydrarg. chlor. cor., gr. ⅛. M.
At a dose three times a day.

Syphilitic Bubo.

Oct. 19. John H., æt. 27, married—trunkmaker, has a swelling over the line of Poupart's ligament near the pubic symphisis. It is discolored, hard, and with some little fluctuation. He had communication in Washington 8 weeks ago, and 4 weeks afterward the bubo began. He had, so far as he knows, no sore whatever on or about the penis previous to the bubo. He had not had any injury about the legs or feet.

The bubo was opened, and he was treated as follows:

℞. Plumbi acetat, ʒj.
Tinct. Opii, f.ʒj.
Aquæ, Oij. M.
S. Apply locally.

℞. Antim. et potass. tart., gr. ⅛.
Magnesiæ sulphat., ʒ. ⅔.
Tinct. verat. viridis, gtt. iij.
S. Take at a dose. M.

Adhesions from Scald.

Oct. 23. Isaac M., æt. 44. He was scalded by the collapsing of a flue, on March 16th. The cicatrix extends from just below the right shoulder to near the ilium, both in front and somewhat behind and over the arm, in the region of the elbow. The right arm is bound to the chest by the contracting of the cicatrix for some three inches, both by the front and by the back wall of the axilla.

The adhesions were cut and the arm rendered free in its motions as far as the partial ankylosis permitted, after so long rest. It was dressed with ung. zinc. ox., and a splint to retain it fully at right angles to the trunk.

Oct. 30. Dressed twice daily now with simple cerate and retained at a right angle.

Nov. 5. Discharged, the wound almost entirely healed, granulation and cicatrization going rapidly on. It has been dressed only with simple cerate on patent lint.

Nov. 20. Nearly healed.

Abdominal Tumor.

(*Probably an enlarged ganglion or enlarged ganglia of the Mesentery.*)

Oct. 23. Jas. Kirk, æt. 2. An unhealthy anæmic child, with scarcely any color even in his lips, with no appetite and very thin. He has had no blow or hurt of any kind on the abdomen, nor any attack of intermittent fever. The tumor was first noticed in May last. When first seen by Dr. Wm. H. Pancoast, two months since, the tumor was far smaller. It then existed only on the left side, and was nodulated on palpation. Now the tumor reaches from the umbilicus to the left iliac region. It is solid by percussion, that portion about the umbilicus presenting rather distinct evidences of fluid. It extends anteriorly in the median line, almost from the ensiform cartilage to the pubes, and back to the spine, on the left side. In the region of the spleen it is nodulated, and very hard—as it is all over that neighborhood. It is remarkably convex, and the abdominal walls by its size, and possibly some water in the peritoneum, are stretched very tensely. There is also tumefaction and œdema of the feet.

Treat by tonics, punch and sedatives.

Editorial Department.

Periscope.

Immediate Treatment of Fracture by Fixed Apparatus.

In the *Dublin Medical Journal* is a valuable paper, by Mr. Jolliffe Tufnel, upon the method of treating fractures as practised in the different hospitals of the United Kingdom. Of the various materials employed for the purpose of making fixed apparatus for the treatment of fracture of the leg—it appears that starch, with and without side splints, is employed in fifty-seven hospitals out of ninety—but in these only seven resort to it immediately or at a very early day.

"Good reasons must necessarily exist for this line of practice to be so general and uniform, and

the danger or risk from constriction of the limb by the starch bandage, as ordinarily employed, must be regarded as the cause of its primary rejection, and employment only after swelling has subsided, or partial union of the bones taken place. For many years in hospital and private practice, but especially in the latter, Dr. Tufnel has been in the habit of using a modification of the fixed apparatus, such as is not described in any work, or otherwise generally known."

The writer, therefore, enters into a detailed history of its preparation, which is so simple and so well adapted for emergencies, that we present his remarks entire.

"The material required for forming these splints is very generally available, consisting only of lint or old linen for the inner lining: strips of the same, torn three inches in width, and long enough to reach from the head of the tibia to the sole of the foot. To make the splint itself:—The white of eight eggs and half-a-pound of flour for the fixing substance. These are all that are required: each and every one of which is to be procured in almost the poorest home.

"The main feature of difference between this mode of setting fractures and every other kind of fixed apparatus, is the construction of the splint in two halves, and the applying of the bandage, which is to form the same lengthwise, instead of circularly, thus avoiding all possible sources of constriction of the limb.

"Supposing, then, that the fracture has occurred in a city, or wherever else the most desirable materials are to be procured, the surgeon sends for the following, and places them beside him before interfering with the patient, further than to strip him of his clothes and lay him upon a properly prepared bed, upon the side opposite to the fractured limb—the leg itself being supported easily on a pillow—and the fracture, as far as possible, reduced. The articles required are—a table for spreading the bandages upon, a washhand and small sharp-edged basin, eight eggs, and half-a-pound of flour, as before stated; a large iron or silver spoon, a large knife, three calico roller bandages, half-a-yard of Taylor's lint, and some hot water. The lint is first thrown upon the limb, from the knee to the sole of the foot, and cut roughly into the outline of the limb, of a size sufficient to tuck under the sole at the bottom, and from side to side of the leg.

"This lint is placed in the large basin, and hot water poured upon it, so as to saturate it completely, and whilst dripping, and without being wrung, it is lifted out and put upon the outer side of the limb of the patient, who is lying with the leg bent, and exactly in the same position as recommended by Pott, with this difference, that the limb is on the inner instead of its outer side, by this measure insuring subsequent inversion instead of eversion of the foot. Extension and counter-extension are now made by the hands of two assistants, and the fracture set by the surgeon, who models the wet lint on to the limb with his hands, so that it is as closely applied as a stocking would be; any starting or spasm of the muscles is prevented by the assistants just laying their hands steadily upon the limb. The surgeon now breaks the eggs upon the sharp edge of the small basin, drops the yolks into it, and the albumen into the other, having first thrown out the hot water which was previously in it for wetting the lint: he then takes sufficient flour, according to the size of the eggs, and with the spoon beats it and the albumen into a homogenous mass of the consistence of pancake. He next measures with the end of a roller the length of the limb, from the knee to the centre of the sole, and placing the forefinger of his left hand, pointing upwards, and the forefinger of an assistant opposite to him at the required distance, he winds the whole of the three roller bandages, one after the other, around the fingers, and then with a scissors divides them at either end: thus in a few moments obtaining the strips necessary for the splint, all of exactly the same and proper length. Each of these tails is now spread thickly with the egg and flour upon one side, and as spread, folded double, with the plastered surfaces opposed and laid aside. The object of this is to keep them moist, and in hot weather from drying: as soon as they are all done the surgeon commences, and having them handed to him one by one, he lays them on the limb, moulding them to it, layer after layer, from the innermost portion of the tibia within to the farthest point of the calf of the leg that can be reached behind, covering accurately the instep, the toes, sole, and heel, and not leaving a wrinkle or crease. The large knife which has previously been used for spreading the bandages with egg and flour, is now employed as a spatula, and taking a few of the tails of bandages which have been left unspread, these are passed beneath the limb, and one after the other brought around it so as to confine the wet tails to the leg, and not allow them to be raised from off it as they otherwise would be by the expansion of the heated air which becomes rarified within.

"The limb is now *left uncovered* till next day; if covered the splint will not dry, but retains a kind of pasty condition, whilst if exposed to the air for twenty-four hours it will be as firm and as light as cardboard on the limb. Upon the succeeding day the patient turns over upon his opposite hip, and the same proceeding is repeated exactly as before, taking care that the lint lining goes well over the limb, so as to be in advance everywhere of the plastered strips, which if allowed to come in contact with the other portion of the splint would intimately adhere to it, and cause difficulty in separation of the halves; this too is allowed to dry. Upon the succeeding morning the two half splints, or only the second half, as the surgeon may think fit, are removed, the edges trimmed neatly with scissors, the second half overlapping the other by at least half-an-inch, ensuring correctness, whilst all pinching of the integument is prevented; when the roller bandage is subsequently put on, the two portions of the splint, in fact, should glide, as it were, the one over the other. Nothing more remains to be done; a couple of fillets to confine them to the limb, or a lightly applied roller bandage are sufficient, and the patient may now lie in bed with his leg straight or bent, as he wishes, raised up upon a pillow, or slung, whichever way he fancies or feels it easiest; and after a few days may get up,

supporting the extremity by a sling round his neck.

"Subsequently, when the patients come to exercise and move about, and the size of the limb to decrease, the splints may be brushed over inside with hot paste (as also round the edges), and a piece of chamois leather, previously cut to the size and shape, moulded in to form a softer and additional lining.

"These splints are very light, weighing, when dry, but a few ounces, yet from their extreme accuracy in fitting the limb, and evenness of pressure, most surprisingly strong.

"The same material I also employ in the immediate treatment of fracture of the fibula, and, at a later period, in fracture of the thigh, used in the circular form; put on, however, in tails, imbricated one over the other, and not as a roller bandage. Thus applied it is, of course, necessary to slit it up prior to removal, and for this purpose I employ a blunt gorget with the handle reversed, using it as an ordinary director, and cutting down upon the grooved steel with any sharp pointed knife. Seutin's pliers and all other kinds of scissors and dividers I have tried and found objectionable in use, causing more or less annoyance and pain to the patient from the pressure exercised upon the soft parts in making the division of the harder external case, whereas the gorget slips along upon the skin, whilst its broad, round, and polished surface, is cut down upon without the slightest motion or pressure, and is not noticed hardly by the individual.

"Such is the mode which I myself now employ, and such the form of proceeding in reference to fixed apparatus that I think will, upon experience, be found to be the most satisfactory to the practising surgeon; but, as so many other modes of putting up fractures in starch, gum and chalk, gum, etc., etc., have been referred to in the table of hospital practice here given, I would add a few words in reference to each, and my experience as to the advantages and disadvantages of the several plans.

"The condition of one individual with a fracture of the leg, put up in a properly fitting and well applied fixed apparatus is so incomparably superior to that of another with a similar fracture, treated in any other kind of splint, that whatever can tend to the removal of objections, needs, I feel assured, no apology. The sufferer with fracture of both bones of the leg, set in tin, wooden, or other ordinary splints, is, for a considerable time after the receipt of the injury, dependent, and unable to do anything for himself; the other is comparatively independent: and fractures treated in the way described, of the tibia only, of the fibula only, and both bones together, have turned out so satisfactory that I cannot but speak strongly in its favor. The union has been firmer, in the same number of weeks, than under any other plan. Why it should be so is evident from two reasons—firstly, the mobility of the fractured ends of the bone is reduced to nil, and the circulation of the limb is normally maintained—no circular constriction existing to produce venous engorgement, and interfere with arterial supply. The egg and flour splint, made as described, has this great advantage also, and whilst being considerably firmer and lighter than the starch or other material, as ordinarily applied, it requires no padding for the protection of osseous prominences and projections. In the common mode of applying a starch bandage every point must be well protected by tow or cotton, or some other soft defence, and the heel, tendo Achillis, or instep, the metatarsal bone of the little toe and the ball of the great, the spine of the tibia, its tuberosity, the head of the fibula, the patella, and condyles of the femur, all require padding to prevent ulceration, whilst the longitudinal splint receives its own indentations so accurately as to press unduly on no spot, and reiains its position *in situ* so completely as to maintain its exact position when once applied, thus obviating or rather preventing the restlessness which accrues from pain caused by the pressure of a splint upon a projecting point of bone, and which so often irritates the patient and causes him to undo and loosen the fracture for the purpose of obtaining relief. Its stiffness upon drying, too, is such as to obviate the necessity of resorting to any supplemental support from pasteboard, gutta percha, whalebone, or any other of the stiffening matters usually employed as adjuncts to starch, and which all, more or less, press upon the limb. White of egg and flour, therefore, used as directed, are the substances that, in combination, seem to be most desirable in practice—they are everywhere obtainable, and at a very trifling cost."

Pyæmia.

In a discussion on Pyæmia which took place at the New York Academy of Medicine, (*New York Medical Journal*,) Dr. Krakowitzer recapitulates the essence of his remarks as follows:

1. Pyæmia is not the result of the admixture of pus with the blood.
2. The metastatic abscesses produced by emboli from venous thrombi are not pyæmia.
3. Pyæmia and septicæmia are different diseases.
4. Both occur frequently together in the same individual.
5. Pyæmia is an infectious, specific disease.
6. The infectious substance is either produced in the diseased individual or
7. By pyæmic miasma generated outside of the patient.
8. The name of pyæmia should be abandoned, and that of purulent diathesis substituted. L.

Diabetes cured by Seton.

Dr. Buttura relates to the Academy of Sciencies (through M. Bernard), a case of diabetes cured by the application of a seton to the neck. A mason, 38 years of age, had long suffered from the disease; he was very wasted and feeble, his thirst was extreme, and his urine abundant. The different usual methods of cure were tried in vain; and at the end of eight months trial of them, a large seton was put in his neck. When suppuration was established, the sugar in the urine gradually diminished. At the end of six months, not a trace of sugar could be found. The man returned to his work; and now for a year has remained perfectly well.—*Brit. Jour.*

Rachitisme.

The early diagnosis of hydrocephalus is one of extreme difficulty; indeed, in early years we may say it is impossible, as there is another disease of infancy with augmentation of the size of the head, which may be readily mistaken for it. The disease is known as Rachitisme. Dr. Fisher, of Boston, sometime ago proposed to diagnose hydrocephalus from this affection by a *bruit de souffle* heard by auscultation over the anterior fontanel; but Billiet and Mithgin found it in the rachitic also, while Bouchut found it in healthy children. So Bouchut sought a new differential sign, and found it by the use of the ophthalmoscope. Dr. Haynes, a Paris correspondent of the *St. Louis Medical Journal*, says, that Bouchut considers that in chronic hydrocephalus, the circulation and the nutrition of the deep-seated textures of the eye undergo modifications that explain the internal or external compression of the brain by the serosity contained within the cavity of the skull; and these modifications, appreciated by means of the opthalmoscope, are the important signs of chronic hydrocephalus. In proportion, as the serosity accumulates, and as the compression of the brain increases, the following appearances are presented by the internal membranes of the eye:

1st. A greater vascularity of the papilla and of the retina, with dilatation of the veins, their color being normal.

2d. An augmentation in the number of the veins of the retina.

3d. A serous infiltration, partial or complete, of the papilla.

4th. An atrophy of the retina and its vessels.

5th. An atrophy more or less, pronounced sometimes complete, of the optic nerve.

These lesions vary according to the duration of the disease, and according to the quantity of the serous effusion. He says that they result either from the compression of the sinuses, which prevents the blood from re-entering the cavernous sinus, and this brings about an œdema of the retina; or from the compression of the optic nerves in the interior of the cranium. They do not exercise an equal influence upon vision; for, except there be a complete atrophy of the optic nerve, the child would be able to distinguish the objects which are present. But that which is most important is, that these lesions do not exist in the rachitic. In twenty-two cases of rachitisme that M. Bouchut has examined, children from the age of three to five years, and who presented an abnormal appearance in the magnitude of the head, with persistence of the anterior fontanel, and with other marks of rachitime upon the body, some having had internal convulsions, or epilepsia pleurilis, and others not having had any nervous affections whatever, the bottom of the eye presented a perfectly healthy appearance, there being no disorders either in the papilla or retina.

In consequence of the facts, he concludes that the ophthalmoscope permits the distinction of diagnosis of chronic hydrocephalus and of rachitisme of the bones of the head; for in the former case there are the troubles in the bottom of the eye which do not exist in the latter.

Effectual Remedy for Prolapsus Recti.

A simple palliative remedy for this troublesome complaint is suggested by Dr. Abbott of Boston, as published in the *Boston Med. and Surg. Journal*. After the bowels are evacuated a strip of isinglass is to be applied lengthwise between the nates, completely across the anus, and extending a little beyond it each way. The plaster spread on cotton cloth is preferred, as more substantial, than that spread on silk. The prolapsed rectum is, of course, first reduced, the nates slightly separated, and the plaster applied as indicated and held until it adheres firmly. When properly adjusted it will in most instances remain until the next evacuation of the bowels, keeping up the intestine perfectly, so that the wearer is entirely unconscious of his infirmity. Occasionally in violent exercise, or during the hottest weather, it may become displaced and require renewal. Under such circumstances it is well to apply a second strip of plaster of the same size over the first, to give it more body and firmness. The plaster need only be of the width of the space between the nates, and long enough to fairly cross the sphincter; a piece from an inch and a half to two inches long, by three quarters of an inch to an inch wide, is usually large enough. If too long or too wide, the ends or edges are apt to get turned up in walking and the plaster to be displaced.

Dr. Abbott relates several cases in support of this simple but, as he claims, very efficient treatment. L.

Influence of a Long Course of Nitric Acid in Reducing the Enlargement of the Liver and Spleen that sometimes results from the Syphilitic Cachexy.

The enlargement which Dr. Budd refers to, is that which has been latterly described as due to amyloid degeneration. The most striking examples of it are seen in the victims of scrofulous or syphilitic caries. Three cases are related in which m. xx of dilute nitric acid were taken ter die for a period varying from fifteen to four months, without inducing excessive acidity of the urine or any inconvenience attributable to undue acidity of the stomach. Sarsaparilla, iron, or bark, were conjoined with the acid. The result of his experience leads Budd to conclude that when the liver and spleen have become diseased in the manner specified, in sequel to protracted syphilitic disease of the bones, nitric acid, long taken, has a remarkable influence in gradually effecting the removal of the morbid deposit to which these organs owe their increased size, restoring the organs to a more healthy condition, and improving the general health. The cases further afford strong presumption that nitric acid, taken earlier, would prevent the disease of the abdominal glands, which, when established, it tends to remedy. It is, however, essential that the disease of the bone, on which the enlargement of the liver and spleen is consequent, should be arrested; if this cannot be effected, the malady, though even then its course may be retarded, usually makes

progress, and life is cut short by renal disease, which very often accompanies that of the liver and spleen. Budd suggests that a long course of nitric acid may have influence in remedying and preventing glandular enlargements, chronic ulcers, and other forms of scrofulous disease. He is persuaded that in tuberculous disease of the lung, nitro-muriatic acid, long taken, tends to prevent the further deposit of tubercle.—*Sydenham Society's Year-Book*, 1863.

On the Local Employment of Iodine in its Pure State in the treatment of Inflamed Scrofulus Cervical Glands, and of Inflamed Inguinal Glands from Syphilis.

Under the the above title, Dr. Prieur has addressed to the Academy, says the *Brit. and For. Med.-Chir. Rev.*, a memoir of which M. Ricord reports in favorable terms. The proceeding consists in applying to the enlarged glands laminæ of iodine, enclosed in a layer of wadding, where they are rapidly vaporized under the influence of heat. The iodine ought to be spread as uniformly as possible, over the half to a third, or a quarter, of the thickness of the wadding which should be covered or fringed with a leaf of gelatine, the circumference of which adheres to the skin, and concentrates the iodine vapours to a determinate point. The apparatus is left in its place for from twenty-four to forty-eight hours, and the result is a phlyctena filled with a thick purulent, or bloody serosity. Dr. Prieur states that he has treated in ten years about one hundred and twenty patients by this plan, and has thus caused the disappearance of more than three hundred swellings. M. Ricord, in reporting on the paper regrets that in speaking of the inguinal swellings, the author of the memoir has not specified whether he treated inflamed glands symptomatic of infecting chancre, or simply buboes sympathetic of the soft chancre, or even virulent buboes. But the inguinal region, like the neck, is the chosen seat of strumous swellings, and often a chancre or blenorrhagia is only the occasion of the development of these enlargements. M. Ricord has himself tried the plan of Dr. Prieur in eight cases of well-marked scrofulous adenitis, and the results he has obtained have been confirmatory of the success of the treatment.

Can Poisoning occur and the Poison disappear?

On this point M. Tardieu is of opinion that a poison, almost in its totality, may be vomited and expelled the organism; but it is very rare, and nearly impossible, if the patient live, for a certain portion of the poison not to be absorbed and excreted so as to be detected by analysis in the excretions; it is also rare, if the patient die, for no portion of the poison to be detectable in the various organs into which it would be carried by the circulation. The true question consists in asking—do traces of poison remain in the living body for a determinate period, or does the poison remain indefinitely in the dead body? On this last point the author states that mineral substances resist indefinitely, but they do not escape transformation; some are fixed in such stable combination that chemistry will always detect their presence. Others on the contrary, by being rendered soluble, are exposed to the possibility of being carried away from the debris of the body in the process of decomposition. Ammonia, which is produced in putrefaction, is the basis of these combinations; but the slowness with which the combinations form, and the still longer time they require for their complete dissolution, under the ordinary conditions of burial, leaves room to say that even after several years, and so long as any part of the body remains, chemistry can find the traces of mineral poisons in exhumed remains. Organic substances, or at least the greater part of those used as poisonous agents, notably the vegetable alkaloids, resist with remarkable fixity and for a very long period. At the same time science cannot say that the organic series are as fixed as the inorganic.—*Brit. and For. Med.-Chir. Rev.*, April, 1865.

Reviews and Book Notices.

A Treatise on Gonorrhœa and Syphilis. By Silas Durkee, M. D., Consulting Surgeon of the Boston City Hospital; Fellow of the Massachusetts Medical Society; Member of the Boston Society for Medical Improvement; Honorary Member of the Medical Society of the State of New York; Fellow of the American Academy of Arts and Sciences, etc. Second Edition, revised and enlarged, with eight colored illustrations. Philadelphia: Lindsay and Blakiston, 1864. *Price* $4.75.

[second notice.]

With the author of this book we have had a pleasant acquaintance for many years; and, in addition to this, having given special attention to *diseases of the skin*, no small share of which arise from the *taint* from the diseases which Dr. Durkee has so ably given the pathology and treatment of in this book, we are able personally to speak in high commendation of this work. From an experience of more than a quarter of a century in this whole class of cutaneous diseases, the writer is prepared to say that Dr. D. has exhibited an unusual amount of research, and advanced the most correct views of the cause, continuance, treatment, and cure of these uncomfortable, and often dangerous diseases, that we have met with in all the books that have emanated from the profession upon this subject. The author has been most laborious in his investigation, and appears to have had but one grand object in view, to wit, to elucidate *the truth*, by a faithful and conscientious record of facts; drawn both from clinical experience, and the testimony of the most eminent surgeons who have investigated the subject. C.

The Institute of France, on the recommendation of the Academy of Sciences, has given its biennial prize of 20,000 francs (instituted by the Emperor) to M. Wurtz, Professor of Chemistry.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 30, 1865.

QUARANTINE AND COMMERCE.

Not only New York, but every commercial city, is interested in the statement that, at present, "sanitary and commercial interests are apparently antagonistic; and it is of vital importance that they should be harmonized." This assertion we find in a communication of Governor Fenton's, transmitting to the New York Legislature a Report of Commissioners of Quarantine appointed according to statute in 1864. So much importance attaches to the subject, and to the matter of the document itself, that we propose to devote some space to remarks upon it.

The history of quarantine illustrates singularly the confusion and disappointment which may follow the enactment of positive regulations upon a basis of uncertain knowledge and unsettled ideas. Only of late, for example, has there begun to be any appreciation of "the monstrous inconsistency and fatuity of quarantining vessels from distant ports, on the mere suspicion of infection, while from the frequently and unquestionably infected port of quarantine, we despatch vessels, crowded with passengers, to the most populous city in the country, but six miles distant, every hour in the day."* But the most fatal absurdity has been, to maintain such a system as almost of necessity, to *make* of the quarantine ground an infected locality, an emanating centre of pestilence, when, of course, its whole intention was to diminish instead of intensifying the morbid influence.

Examples of this are familiar in New York, as well as elsewhere. In 1799, 1803, 1821–22, and 1848, the vicinity of vessels infected with yellow fever to the shore, caused the extension of the disease to the inhabitants residing there. But in 1856, when some two hundred vessels accumulated in the bay, and were, according to regulation, detained together at quarantine for 30 days, both shores became infected, and more than 600 persons were attacked with the fever, of whom more than one-half died. Can it be wondered that, when in 1858, a similar occurrence, though upon a less destructive scale, alarmed the inhabitants, they should be excited to violent opposition to the whole system of quarantine in their neighborhood, as shown by the subsequent burning of the Marine Hospital?

* Dr. Walser, Deputy Health Officer, in Report of Commissioners of Quarantine to the N. Y. Legislature, p. 87.

It is very satisfactory, therefore, to discern in the Report of this Commission, as we have been able to do before in the proceedings of the Quarantine and Sanitary Conventions, promise of definite principles, and practical regulations, which may essentially relieve these apprehensions, and bring commerce and public health, if not to a complete agreement, at least to an entirely amicable compromise. That some improvement has been already effected, the following passage from the report of Dr. Swinburne, Health Officer, to the Commissioners above referred to, will show:

"Except 1856, no period has been fraught with more danger to the port and harbor of New York from infection than 1864. Not only have the public at large, therefore, reason to render thanks to a merciful Providence for their successful preservation from disease, through the instrumentality of the regulations at Quarantine; but our merchants also have ample reason to congratulate themselves that these regulations have been enforced in such manner as to cause but slight disturbance to their commercial arrangements, when nearly every West Indian and many of our domestic ports were seriously infected." P. 31.

What are those principles whose establishment is so hopeful? Space does not allow us to do more than indicate some of them, most briefly. First;—is yellow fever personally contagious? An answer to this question is most cogently given, on an ample basis of undeniable facts, in the communication of Dr. Theodore Walser, attached to the Report of this Commission. Dr. Walser has long been connected with the Quarantine department, and has made intelligent use of his opportunities. His statement is, that the records of quarantine hospitals everywhere establish the non-contagiousness of yellow fever from person to person; that the poison is *not* engendered in the bodies of the sick, so as to be by them communicated to the well. The true theory, or at least most probable hypothesis of its infection, long ago advocated by some authors upon the subject, is by Dr. Walser well supported, under the name of the "cryptogamic theory;" namely, that the specific cause of the disease is a germ or germs, probably a fungoid microphyte, requiring certain material and atmospheric conditions for its existence and propagation, and, with them transportable; that such germs, brought from a distance by the persistence of those vital conditions, may meet with the same on a larger or smaller scale in a new locality, and thus be diffused, although always with limitations.

Secondly, *by what means* is the transportation of yellow fever possible? Dr. Walser says, only

outside of the sub-tropical region, by ships or their contents. Thirdly, is it the ship only, or its cargo, or baggage, or other *fomites*, which may thus act? On the same record, we find evidence for the conclusion, that *with great rarity only* does or can a cargo, or any part of it, or any clothing or other fomites, give rise even to the *most limited* local infection with this disease.

Fourthly, what are the tests by which the infection of a vessel may be ascertained? They are two; the occurrence of the disease on board during the voyage, too long after leaving any infected port to be ascribed to the latter; and, in the absence of this, the breaking out of the disease in persons brought into contact with the vessel in discharging its cargo and exposing its foulest parts. As to the first of these tests, it is an important contribution of the observations of Dr. WALSER and his coadjutors, to have fixed the time of incubation of yellow fever, after exposure, at from five to seven days.

From these premises we find deduced, in the Report of the New York Commission, as suggested by the Health Officer, Dr. SWINBURNE, very definite measures of prevention and security from infection, applicable anywhere, in regard not only to yellow fever, but also to typhus and small-pox.

Of the plan thus proposed, the most important part is, the erection of two warehouses, for the discharge of cargoes from vessels coming from infected ports; the one remote from the city, and as far as possible from any populated shore, for vessels known to be infected; the other more near and accessible, to receive cargoes from those not known upon arrival to be infected, but suspected only because of their having left infected ports. The former, only, require the usual prolonged detention and thorough purification at quarantine; their passengers, sick and well, being removed; for the sick, the floating hospital being recommended as, upon trial, having proved the best. A much shorter detention, for inspection merely, will suffice for those vessels which are only suspected of infection; of which, as was above said, the discharge of their cargoes will afford a final and sufficient test. If no one, thus exposed to the atmosphere of a vessel, contracts disease from it, it may be safely admitted to *pratique*. As statistics show that vessels known to be infected form but a small per centage of those arriving from infected ports, the nearer warehouse, for the latter class only, must be much the largest.

We hail the proposal and acceptance of these measures, as a great step in the right direction of practical reform in quarantine. Although popular prejudice, slow to be disabused of the fear of contagion, especially so long as the medical profession is not yet entirely rid of it, may, for a time, interpose serious obstacles, we believe the time to be now not far distant, when the much needed harmony between quarantine and commerce may be obtained.

Notes and Comments.

The Philadelphia School of Anatomy.

This long established and popular school for the study of Practical Anatomy and Surgery, has passed into the hands of Dr. R. S. SUTTON, who will commence a vigorous winter course of lectures on the 10th of October. The dissecting rooms have been open for some time, with encouraging classes. A great many of our profession have established a permanent reputation in this school—and Dr. SUTTON brings into it, education, ability and industry, which we doubt not will insure eminent present success, and ultimate lasting fame.

The Wills Ophthalmic Hospital.

The Clinical Course for the approaching session will be commenced by Dr. R. J. LEVIS on Thursday, October 5th, at 12, M. Clinics will be continued every Thursday at that hour.

The domain of this important surgical specialty has, within the past few years, been greatly extended. The revelations of the ophthalmoscope make accurate the diagnosis of diseases of the deep structures of the eye, and render amenable to treatment some hitherto obscure and hopeless morbid conditions. Operative ophthalmic surgery, particularly with reference to the treatment of cataract and glaucoma, has made substantial advancement. We earnestly commend to medical practitioners and students, the importance of attention to the practical opportunities presented for the study of the surgery of the eye in this excellent institution.

Premium Offered.

Dr. T. C. BRINSMADE, of Troy, N. Y., offers a premium of $100 for the best essay on Medical and Vital Statistics, with a plan for Hospital Reports and Records of Private Practice, and a draft of a Registration Law. The essay is to be handed to the Committee of the New York State Medical Society on Prize Essays by the 15th of December next.

News and Miscellany.

Cholera in Italy, France, Malta, etc.

The following extracts will show the progress of the cholera.

Late cholera accounts from Italy are: Ancona, 22d, 26 new cases and 28 deaths; San Severo, 22d, 98 cases and 56 deaths; San Nicandro, 22d, 11 cases and 10 deaths: Apricena, 21st, 3 cases and 1 death; Torre Maggiore, 21st, 1 case and no death; Poggio Imperiale, 20th, 1 case and 1 death. Cases of cholera are again reported at Marseilles and Lyons.

The Italian papers report only 21 cases of cholera at Ancona on the 23d, and two deaths, but there were 17 more deaths of cases from previous days. At San Severo it was worse on the same day—69 cases and 44 deaths. At San Nicandro, 8 cases and 5 deaths: in two or three other places a single case, but the malady, upon the whole, seems decidedly on the decrease in Italy.

The cholera seems stationary at Marseilles. On the 26th there were 50 deaths, 28 from cholera. During the thirty-four days that the cholera has been remarked the entire number of deaths from that cause has only been 330, an insignificant proportion in a population of 500,000. In the commencement, nine cases in ten of those treated in the hospitals terminated fatally, and now eight in ten recover.

In Malta the cholera has somewhat decreased during the last few days. Yesterday there were only four attacks, and no deaths, in Valetta. It is most prevalent at present in the cities of Cospicua and Vittoriosa, on the other side of the Grand Harbor, which are very thickly populated by the lower classes, and badly drained and ventilated. It having broken out among the Second Battalion, 22d Regiment, quartered in that neighborhood, the battalion is about to be placed under canvas. Quartermaster Walter Jones of this regiment died on the 18th inst. A few cases continue to occur in other regiments. The epidemic has been particularly fatal to the women and children. The following are the cholera returns for the civil population in Malta since the date of my last letter:

	Attacks.	Deaths.
August 18	44	25
August 19	37	28
August 20	46	24
August 21	32	19
August 22	40	19

Sicily continues to enjoy a perfect immunity from cholera, while it has appeared in the Neapolitan provinces and other parts of Italy. The towns on the coast of Barbary have also been hitherto exempt from the disease, although cases have occurred on board ships riding out their quarantine, both at Tripoli and Tunis. The Turkish Consul has intimated that Tripoli will not admit fugitives from infected places, except they be domiciled residents at Tripoli returning there. Letters from Constantinople of the 14th inst., say that the daily deaths there from cholera amount to 1,000 in a population of about 1,000,000. At Beyrout, under date of the 13th ult., we learn that a panic had seized the people, and nearly every one who could leave had fled. Out of a population of nearly 80,000 scarcely 20,000 remained in the town. At Jaffa, in a population of not more than 7,000 persons, there were from 50 to 60 deaths a day from cholera. The disease had also broken out in Candia.

The following are extracts from letters from Constantinople published in *The Times*.

Aug. 2.—Signs of sickness, death, and panic are multiplying fast. The spirit of fear has conquered the spirit of mammon. The Bourse is closed. The bazaars are shut up. Business is nearly at a stand-still, and the merchants have shut themselves up in their country seats. You see women unable to resist the fascination of fear looking eagerly out of their windows, and pedestrians shrinking back and putting their handkerchiefs to their noses as the coffins go past. Bodies of those scarcely dead are thrust into coffins and hastily hurried off for burial. You call at a shop. The master or one of his hands is groaning in bed. You go to visit a friend; he has just been buried. Processions of over-worked priests fill the streets and pray for the cessation of the pestilence. Five hundred at least died at Stamboul yesterday. In the papers the total number of deaths is stated to have been 320. This is wholly untrue.

Aug. 3.—Another act of the tragedy is being performed. The Sultan has given orders that all classes are to make merry, so bad brandy, raki, and Turkish music are the orders of the day. So with the unceasing tramp of the hamals, carrying the dead, the streets resound with monotonous twanging, drunken routs, and howling. For the last few days the weather has been almost unbearable. The sun rises red hot. The wind neither brings freshness nor the night coolness. In the sun the glass is at 133°, and in the coolest room in the house, 85°. At Galata it ranges from 90° to 92°. After a sleepless night, I rise with hardly strength to dress. More lying bulletins. Two hundred and seventy stated to have died before yesterday. I believe I understate the number when I say 1,000 die daily. I cannot shut my eyes to the truth. Here are two facts: The young gentleman to whom I alluded as having adopted a strongly stringent diet as a precautionary measure of safety went to make a call. Two persons had just died in the house. He rushed away to another. There were three dead there. Coming back he met the dead cart with at least 100 bodies inside. The same day an Englishman saw a number of corpses buried in an adjoining cemetery. He counted 120. I learn that six medical men had succumbed to the disease.

Aug. 4. There is the greatest difficulty in finding medical men. I had occasion to go for one yesterday, but there was none to be found in Galata for love or money. By the merest luck I met with one at Pera. The doctors are overworked and they shut themselves in, and say they are "not at home." As to myself I am as well as usual. I don't fear. I eat fruit in moderation, and bathe, in defiance of the doctors. This is a good time for making some curious studies in human nature. Some of those who have studied

Renan's book, and are convinced of the truth of his arguments, now crowd into Christian churches in abject terror, and make not very successful attempts at praying. Others who have led lives of gaiety have now assumed the garb of puritans, and denounce their fellow-sinners as the cause of the pestilence. One poor creature who had been thus assailed, I saw go past with quite a hunted look in her countenance. Every one is complaining of domestic miseries of a minor character. Servants leave and no fresh ones are to be obtained. Hamals are departing in hundreds.

Aug. 5.—The cholera has assumed most frightful proportions. Two thousand at the very least perished yesterday. The papers, of course, still conceal the truth. The chief of the municipality unblushingly avowed his right to do so. I seem to be living in the plague of London, so much do the general features of the times begin to resemble those narrated by the Pepys. The little cemetery behind us is full of corpses, buried only 15 inches under the soil, and the municipality has forbidden any more burials there. Yesterday two large barges as high as a first-floor window from the ground were taken to the Golden Horn for burial. On the same day several hundred were thrown into the Bosphorus. Medical men, whether from fear or avarice, refuse to attend the poor, and thousands perish for want of a little prompt assistance. Every one who can scrape a little money together is leaving the place, and passenger boats sink to the level of their decks with the loads of passengers.

Mortality in England.

INFANTS.

In England and Wales, during the twenty-six years ended with 1863, the deaths of 2,374,379 infants in the first year of their age were registered, of whom 1,329,287 were boys, and 1,045,092 were girls—the male deaths being 284,195 in excess of the female. Limiting the inquiry to the 10 years ended with 1860, it is found that 996,630 deaths at the same age took place; of that number, 557,213 were the deaths of boys, and 439,417 of girls. Very nearly 100,000 infants died annually, in the proportion of 56 boys to 44 girls, or thereabouts.

The following table shows that the mortality decreases rapidly after the first year of life:

	Annual mortality, per cent. Males.	Females.
0 to 1	18 3	14.7
1 to 2	6.7	6.4
2 to 3	3.6	3.6
3 to 4	2.4	2.5
4 to 5	1.8	1.8

Whooping cough was more fatal to girls than to boys in the ratio 4,003 to 3,246. Brain diseases constitute one-sixth of the mortality of boys, and between one-sixth and one-seventh of girls. Hydrocephalus destroyed 2,915 boys to 2,162 girls; other brain diseases, 12,169 boys to 9,479 girls. From diseases of the respiratory organs, 11,296 boys and 9,499 girls per million perished yearly. Dr. Farr points out that the lungs and the brain diseases of girls are equally fatal, and during the decade 119,559 were killed by the first-named cause, and 116,300 by the second. Diseases of the digestive organs caused the deaths of 1,470 boys and 1,121 girls.

BOYHOOD AND GIRLHOOD.

The mortality of children between ten and fifteen years of age during the ten years was at the yearly rate of 488 per 100,000 boys, and 506 per 100,000 girls. The violent deaths of boys at this term of life is nearly five to one of the mortality from the same cause among girls. The annual rate per cent. for boys was .076, for girls, .016. Many fatal accidents occur to the boys in the mining districts. On the other hand, the girls at these ages show a greater predisposition to consumption than the boys. Upon this, Dr. Farr remarks:

"How much organization, in-door life, and compression of the chest, interfering with the free action of the breathing organs, have to do with the excess of consumption in girls, it is difficult to say. Of the salutary effects of free breathing in the open air there can be no doubt, and if they are studied, it is probable that among them will be found the reduction of the mortality by consumption from .129 to a figure nearer that of boys, .076, which is still much higher than it ought to be."

Girls suffer more deaths from fever, scarlatina, and diphtheria, than boys.

MANHOOD AND WOMANHOOD.

The rate of mortality of each sex at the ages of 35 to 45, and 45 to 55, is shown below:

	Deaths per 100,000 of each sex. Men.	Women.
35 to 45	1,248	1,215
45 to 55	1,796	1,520

The deaths from all classes of zymotic disease among men at the age 35 to 45 were only 100. "Consumption is still the great fatal disease, to it 400, or one-third of the deaths of men are referable." The mortality of females, either in the class of zymotics, or in the brain, lung and kidney diseases, is not so high as the mortality of males from similar causes. Violent deaths carried off 115 males to 118 females. Cancer, however, for 18 men killed 59 women.

Referring to the deaths of persons of eighty-five years and upwards, Dr. Farr remarks: "The forms of disease are imperfectly developed, the symptoms are obscure, and in three-fourths of the cases the deaths are simply referred to age and natural decay, or some of the maladies which have not been inserted in the synoptical tables."

The mean annual death-rate of both sexes in all England during the decade 1851–60, was 2.2 per cent.; this was also the ratio of the decade 1841–50. The population was less dense in the earlier decade; there was one person to 2.21 acres in 1841–50, and one person to 1.96 acre in 1851–60.

The Ravages of War.

The books of the Government undertaker at Nashville, Tenn., show that he has buried, since that city was occupied by the national troops, 13,631 soldiers and Government employees, there being 1000 of the latter; also 8000 rebel soldiers and 10,000 contrabands and refugees.

Electricity.

Under this head we desire to draw attention to some plans for modification in the Bunsen battery, which were lately brought under our notice, and the results of certain experiments made in consequence.

In the first place, we here show you an apparatus constructed by T. & J. N. Chester, of New York, and presented by Mr. Fox, of Queen & Co., of this city. It is a medical coil, remarkable in the first place for its small size, but yet more for the peculiar arrangement of its battery. This consists of two little carbon cups one inch and a half in depth and the same in diameter, containing each a zinc cylinder about the size of an average thimble. For exciting liquid, water, containing a few grains of sulphate of mercury, is employed. With this the apparatus will run for several hours, giving a shock as severe as can well be endured. The apparatus is thoroughly efficient, and from its small size (measuring about 6 by 3½ by 2 inches) and its avoidance of acids, fumes, etc., very convenient. In the course of experiments made to test its efficiency, several facts were developed which we think worthy of notice.

Mr. Fox pointed out to us the circumstance that the addition of common salt increased the energy and constancy of this battery. A little reflection showed that in that case the sulphate of mercury and salt must change elements, so as to produce sulphate of soda (glauber-salt) and chloride of mercury (corrosive sublimate). These substances might therefore be substituted for those before mentioned, having the advantage that they can be obtained from any druggist, while the sulphate of mercury can only be had at certain places, not being an article in general use. It was, moreover, found on experiment that if a Bunsen cell was employed, in which the carbon element was of a porous character, (such, for example, as the common imported form manufactured by Deleuil,) the mercury salt might be dispensed with, and the battery (charged with a solution of glaubersalt only) would give for several hours a constant current, quite sufficient to operate a medical coil with all the energy desirable. In this case not only is all inconvenience from acids and fumes avoided, but we also get rid of the poisonous and expensive mercury salt, using one harmless and cheap in the extreme, (5 cents per pound.) The necessity of using *porous* carbon, arises from the fact that hydrogen is liberated in the action of the battery, which would collect on the surface of a dense carbon, so directly impairing the efficiency of the couple, or by occasioning a deposit of metallic zinc in its place, (after that substance had been dissolved in the fluid,) attaining the same end quite as effectually. The *porous carbon*, however, absorbs this hydrogen to a wonderful extent under these conditions, as has been proved by Daniell, Grove, and others, and thus keeps the couple in efficient action for some hours. The oxide of zinc formed, is dissolved by the solution of sulphate of soda, which *has* this power when in galvanic connection, as was shown by Millon in 1645. See his paper, *Comptes Rendus*, T. 21, page 37.

We see, therefore, that a battery thoroughly efficient for medical purposes may be prepared by placing a cylinder of porous gas-coke within one of zinc, (which should come as near as convenient to it without touching,) and immersing both in a solution of glaubersalt.—*Journal Franklin Institute.*

Tempest in a Teapot.

Ward *vs.* Nevison.—The parties to this suit are lady-doctors. Plaintiff resides in New York, and the defendant in the town of Dryden, Tompkins county, New York. The suit is brought by Mrs. Dr. Ward, (the venue being laid in New York) to recover of Mrs. Dr. Nevison the sum of about $200, for professional services alleged to have been performed by plaintiff for defendant, at the request and for the benefit of the latter; and a motion is now made to change the place of trial from New York to Ithaca, Tompkins county, on the ground of the convenience of witnesses. From the affidavits read before the court, it appears that the principal question which the court will be called on to decide, is whether defendant employed the plaintiff or whether her labors were voluntary and gratuitous. It seems, that for about three months in the summer of 1864, the plaintiff attended and performed daily professional duty at the plaintiff's institution at Dryden, and for this she claims the sum above named. Defendant does not deny the allegation as to the performance of the service, but answers that it was understood at the time, that they were to be wholly gratuitous; that she came to defendant's house as a visitor and guest. The court took the papers, and decision reserved.

With all due deference to the court, and with no disposition "to interfere with the course of justice," we render a verdict in favor of the plaintiff of a Grover and Baker's sewing machine, one of their very best, with a strict injunction that it be used by said plaintiff.

Pension Examining Surgeons.

The following appointments have been made by the Pension Bureau:

New York.—Alexander Cochrane, Westfield.

Delaware.—D. W. Maull, Wilmington.

Iowa.—S. C. Rogers, Toledo.

Dr. Horatio R. Storer, of Boston, has been appointed Professor of Obstetrics in the Berkshire Medical College, Pittsfield, Mass. An excellent appointment, as the College will find.

Tenement House Mortality.

In New York city 14,572 children died last year, two-thirds of them in tenement houses. In some of these houses the death rate was as high as four or five per cent. During the same year, out of 1,400 children in the N. Y. Juvenile Asylum, not one died. During the eight months ending Sept. 1, of the present year, out of 600, not one has died. For the past twelve years, the death rate has been only one-half of one per cent. These comparisons speak volumes as to the value of healthful food, pure air, and cleanliness.

Leprosy Committee of the College of Physicians.

Since our last notice, in the January number of this Review (*Social Science*) of the proceedings of this Committee, and of the work which up to that time had been done, a large contribution of most valuable materials has been received, through the Secretary of State for India, from the Bengal Presidency. It forms a goodly printed volume of five hundred folio pages, containing the replies to the interrogatories of the College from medical men, of the civil and military departments, scattered over the wide domains which are under the administration of the Governor-General—viz., at stations in Bengal, the Northwest provinces, the Punjab, Central India, Rajpootana, British Burmah, and Singapore. They considerably exceed a hundred in number, and many of them have been very elaborately and carefully prepared. Altogether, the mass of information as to the history of the disease as it exists at the present time in the different provinces of India, and illustrative of the hygienic and social condition of the lower classes of the native population, thus brought to light, would alone have sufficed to have made the work, which the College has undertaken at the request of the Colonial Office, a matter of much public interest. The Committee had previously received valuable communications from the Madras and Bombay Presidencies, and also from Ceylon.

Who are Toughest?

An army newspaper correspondent says—"In the army and among returned soldiers I have noted one fact in particular somewhat at variance with the usual theories. It is that light-haired men, of the nervous, sanguine type, stand campaigning better than the dark-haired men, of bilious temperament. Look through a raw regiment on its way to the field, and you will find fully one-half its members to be of the black-haired, dark-skinned, large-boned, bilious type. See that same regiment on its return for muster out, and you will find that the black-haired element has melted away, leaving two-thirds, perhaps three-fourths of the regiment to be represented by red, brown, and flaxen hair. It is also noticed that men from the cities, slighter in *physique*, and apparently at the outset unable to endure fatique and privation, stand a severe campaign much better than men from the agricultural districts. A thin, pale-looking dry goods clerk will do more marching and starving than many a brawny plow-boy who looks muscular enough to take a bull by the tail and throw him over a staked-and-ridered fence."

Iodine and Blood Corpuscles.

In his "Miscellaneous Observations on the Blood," Dr. Davy (we quote from the Dub. Med. Press) says:

"When the corpuscles are colored by the addition of a weak solution of iodine, not only the action of the warm vapor of the breath is in a great degree arrested, but even the action of water, and this after the immersion in water on a glass support for twelve hours, when they were found to retain their normal form, only slightly contracted, with their nuclei distinct. May it not be conjectured from this that iodine medicinally used may operate in a degree similarly, and thus may arrest undue metamorphic disintegration?"

On the Treatment of Hydrocele.

Dr. Jollie recommends in the *Lancet*, the following plan which he has followed for some years, and invariably with success.

I tap the hydrocele by trocar and canula in the usual way, draw off the fluid, and then introduce through the canula into the cavity of the tunica vaginalis a common surgeon's probe, which has been previously coated for an inch of its length with nitrate of silver. I prepare the probe by heating the extremity to a dull red heat in the flame of a gas light, and placing it in a little finely-powdered nitrate of silver, and then again subjecting the probe to the heat, so as to form a smooth coating to the instrument. If your correspondent and other surgeons will make use of this method, they will, I have no doubt, quickly, effectually, and cheaply relieve their patients of a troublesome complaint.

Extirpation of the Arm and Shoulder.

At a meeting of the Academy of Medicine on May 16th, M. Niepce related the case of a man, aged 32, whose left arm had been seized in the machinery of a marble saw-mill. The humerus was crushed at the upper part; the joint was widely opened; and the clavicle and scapula were broken into several fragments. M. Niepce proceeded immediately, with the aid of Drs. Burdel and Borechard, to remove the entire shoulder. The patient recovered completely. The operation was performed on December 17th, 1860. —*Gazette Med. de Paris*, May 20, 1865.

The Glycogenic function of the Liver.

Dr. Pavy's experiments on the liver have been frequently and carefully repeated by Dr. Ritter, under Meissner's directions, and his conclusions found perfectly correct; viz., that sugar is never formed in the liver of a living healthy animal. Dr. Ritter's experiments are detailed in Henle's *Zeitschrift*, 1865. He experimented on a large number of rabbits, dogs, cats, etc. The editor of the journal asks the question—What are the conditions which cause the so rapid conversion of the amyloid substance of the liver into sugar, when the organ is in an abnormal state?—may, he says, be answered by another: What are the conditions which *prevent* the passage of the amyloid substance into sugar in the healthy liver?

Cure of Aneurism by Extirpation of Sac and Ligature.

At the Academy of Medical Sciences at Lyons, M. Ollier presented a specimen of an arterio-venous aneurism at the bend of the elbow, which had been cured by extirpation of the sac and ligature of the ends of the artery. Compression, applied before the operation, had prepared the way for a ready establishment of a collateral circulation.

Prosecution for Illegal Practice.

The Bourges Tribunal lately condemned a Pharmacien for making up and selling drugs without the order of a physician, and for practising medicine, 500 *francs* and the expenses.

Deaths from Lightning in France.

2238 persons have been killed by lightning in France between the years 1835 and 1863.

MARRIED.

Boardman—Nichols.—At Bridgeton, N. J., on the 20th instant, by the Rev. H. A. Boardman, D. D., of Philadelphia, assisted by the Rev. Henry M. Stuart, Hallie A., daughter of Robert C. Nichols, Esq., of Bridgeton, and Charles H. Boardman, M. D., of Philadelphia.

Easter—Dayton.—On September 14th, by Prof. G. Draper, of Genesee College, Rev. J. Easter, and Miss J. E., eldest daughter of D. D. Dayton, M. D., Geneva, N. Y.

Hosford—Gay.—In Boston, Mass., September 12th, by Rev. E. B. Webb, D. D., Charles Hosford, M. D., of Thompson, Conn., and Miss Helen E. Gay, of Boston.

Peck—Purdy.—At the residence of the bride's father, in New York, by the Rev. J. C. Charier, on September 18th, W. F. Peck, M. D., of Davenport, Iowa, and Miss Maria Purdy, of Butler, N. Y.

Phillips—Cutler.—In Brooklyn, on Wednesday, September 13th, by the Rev. Marion McAllister, assisted by Rev. Lawrence H. Mills, H. J. Phillips, M.D., late Royal Wiltshire Militia, British Army, and Frances Caroline, daughter of F. M. Cutler, Esq., of Avon.

Vandeventer—Ormsby.—In Jersey City, on Wednesday evening, September 20th, by Rev. James B. Murray, M. A., of New Haven, Conn., Dr. Z. A. Vandeventer, and Miss Fannie A. Ormsby.

Whilldin—Williams.—At Erie, Pa., on the 14th instant, by the Rev. Dr. Lyon, Dr. J. Stites Whilldin, of Philadelphia, and Miss Mary D. Williams, daughter of the late James Williams, of the former place.

DIED.

Layton.—At Wilmington, Del., September 18th, 1865, Mrs. Mary H. Layton, wife of Captain C. R. Layton, U. S. A., and daughter of Dr. L. P. Bush, of Wilmington.

Quinn.—In this city, on the 18th instant, Hamilton, infant son of Dr. John Paul and Emily Quinn.

Strong.—At Saratoga Springs, on Monday, September 18th, Sylvester Ray, son of Dr. S. E and Anna R. Strong, and grandson of Dr. S. S. Strong, aged 5 months and 10 days.

Varley.—In New York, on Wednesday, September 30th, Eliza M., wife of Dr. C. D. Varley.

OBITUARY.

Professor Robert Remak, M. D.

Professor Robert Remak, of Berlin, a brother of Gustavus Remak, Esq., of this city, died on the 29th of August, in Kissengen, a celebrated watering place in Bavaria. His physiological and other scientific researches, as well as their practical application in improvements of the healing art, gained for him, years ago, the warmest acknowledgments from such men as Schoenlein, Johannes Muller, and Alexander von Humboldt.

His labors in the same spheres since have constantly been a source of the most valuable instruction to the learned, the universities and the academies of the scientific and medical world, inciting researches into the most important problems of life and of the healing art, Professor Remak's works on the medical application of the magnetic and galvanic electricity, and his peculiar treatment of diseases based on his discoveries, are world renowned, and have found, as might be expected both enthusiastic adherents as well as bitter opponents. Laboring further to extend and disseminate the fruits of his researches and discoveries, he exhausted the strength of a life that proved so beneficent to the world, and that otherwise could have been prolonged to an old age by the enjoyment of the ample worldly means he possessed.

Shortly before his death he had the joyful satisfaction that his discoveries were honorably recognized by, and practically introduced in the academy and the clinical hospitals of Paris. He has gloriously run a laborious and tedious course.

ANSWERS TO CORRESPONDENTS.

Dr. A. P. D., Cleveland, Ohio.—Hassall's Urine in health and disease, sent by mail Sept. 22d.

American Medical Association.

In consequence of the expense of the publication of Vol. XVI. (1865) of the Transactions, the Committee of Publication have fixed the price at five dollars ($5). Members who have already paid three dollars ($3), are requested immediately to forward the additional sum, ($2.) As the number of copies published will be but slightly in excess of the number of subscriptions, those who desire copies should immediately forward the amount either to the Treasurer, Dr. C. Wister, 1303 Arch street, or to

Wm. B. Atkinson, Permanent Secretary.
215 Spruce st, Philadelphia.

Sept. 18, 1865.

METEOROLOGY.

September	18,	19,	20,	21,	22,	23,	24.
Wind	N. E.	N. W.	N. W.	W.	S. W.	N. E.	E.
Weather	Cl'dy, Rain.	Clear.	Clear.	Clear.	Clear.	Cl'dy.	Clear.
Depth Rain	7-10						
Thermometer.							
Minimum	64°	45°	46°	55°	55°	64°	67°
At 8 A. M.	72	59	61	68	68	65	70
At 12 M.	73	62	68	72	75	67	76
At 3 P. M.	73	63	68	75	78	65	74
Mean	70 50	57.25	60.75	67.50	69.	65.25	71.75
Barometer.							
At 12 M.	29.9	30.3	30.3	30 2	30 2	30.4	30.3

Germantown, Pa. B. J. Leedom.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64, Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers,* of No. 414, Feb. 4, 1865.

OCT 20, 1925

THE

MEDICAL AND SURGICAL REPORTER.

No. 449.] PHILADELPHIA, OCTOBER 7, 1865. [Vol. XIII.—No. 15.

Original Department.

Communications.

MYDNASIS AND PARALYSIS OF ACCOMMODATION PERMANENTLY CURED BY THE USE OF CALABAR BEAN.

By P. D. Keyser, M. D.,

Surgeon to the Philadelphia Ophthalmic Dispensary.

It is the confirmed opinion of all observers, that the Calabar bean acts powerfully on the accommodation of the eye, and is antagonistic to atrophine, by having the power of contracting the pupil. It has been shown by Mr. C. J. Workman, that in its action the accommodation seems to be affected before the iris; and that the effect lasts longer on the iris than on the ciliary muscle. But that seldom permanent good can be expected from its use, as he mentions but one case where there seemed to be permanency of improvement; and in that case he writes only sixteen days after the extract was applied.

I have two cases of really permanent cure from its use to report:

March 6th, 1865. Cornelia M., aged 9 years, came with her sister, whom I was treating for phlyctenular conjunctivitis, to the Philadelphia Eye Dispensary, and upon entering the room, I noticed that the pupil of her right eye was very much dilated. Upon examination, I saw a small scar upon the outer edge of the cornea, and found complete paralysis of accommodation. The patient was a smart active girl, and answered readily and promptly all questions I put to her. I learned from her mother and sister, that when she was an infant, a fork was accidentally run in the outer side of the cornea, but without touching the lens, and that the pupil has remained dilated ever since, with loss of accommodation, now nearly eight years.

I put a small square of the celebrated gelatine made by Allen & Hanbury, London, in the eye.

March 8th. Pupil somewhat smaller, and accommodation improved. A small square of the gelatine again put in.

March 10th. Pupil the same size as the left eye, and accommodation perfect. Put another square in.

Returned, March 15th, with pupil and accommodation perfect.

I have seen the patient almost weekly ever since, and pupil and accommodation are still perfect, now, seven months after the application of the extract.

Another interesting case is that of Mrs. C. U., aged 41 years, who came under my care at the Eye Dispensary, Feb. 3, 1865, with paralysis of the oculo-motor nerve.

When the patient presented herself for treatment, the upper lid of the left eye was hanging down, and the outer caruncle considerably lower than that of the other side, (perfect ptosis.) Upon endeavoring to open the eye, a slight upward movement of the eyelid remained, caused by the musculus orbicularis palpetrarum, which is governed by the facial nerve, relaxing itself still more. Upon raising the paralyzed lid, the pupil was found dilated, the cornea turned well outward, and, on looking toward the right side, it could not be brought to the centre of the palpetral fissure, showing paralysis of the internal rectus muscle. On attempting to look upward, not the least movement was perceptible, showing paralysis of the superior rectus and inferior oblique muscles. On looking downward, the superior oblique muscle, which is governed by the N. trochlearis, alone acted, making a slight rotation around the visual axis, rather than a downward movement. Accommodation was paralyzed. There was considerable tenderness of the skin around the eye.

The whole affection came on suddenly about a month before. She went to bed well, and, on rising the next morning, found it was impossible to open the eye. From the history of the patient no syphilitic affection could be discovered.

The diagnosis was that of a rheumatic affection.

She was ordered a teaspoonful of vinum ergotæ three times daily, and to rub around the eye veratri salve—10 gr. : ℥i.

Feb. 15th. Can raise the lid half-way. The tenderness of the skin has disappeared.

Feb. 28th. Can open the eye full three-fourths.

Has regained power enough in the internal rectus to draw the cornea to the middle of the palpitral fissure; pupil still dilated, and accommodation imperfect; put a small square of the calabarized gelatine in the eye.

March 17th. Can open the eye full, and move the ball in every direction, but still not perfect command over the recti muscles. Pupil smaller, and accommodation much better. Put a slip of the gelatine in.

April 1st. Has complete power over the muscles of the lids and ball. Pupil still some little dilated. A slip of the gelatine again put in.

April 15th. Eye perfect. Has full power over all the muscles. Pupil normal, and accommodation good.

I saw the patient every few weeks, up to August, when I lost sight of her. When last seen, was on the street, and the eye was still perfect; pupil and accommodation normal.

It will be seen that these are two marked cases, and from the success arrived at, that permanent good, not only may be expected, but can be had by the use of the Calabar bean in some cases of dilatation of the pupil and paralysis of accommodation.

SULPHATE OF ZINC IN BURNS AND SCALDS

By Flint L. Keyes, M. D.,

Of Jerseyville, Canada West.

To manage burns and scalds properly must be an object of primary importance; yet, doubt and apprehension pervade the mind of the practitioner, as he approaches such injuries, to a greater extent than any other which may become the subject of his attention. The reason of this is obvious. From time immemorial, this subject has been clothed with a peculiar mystery. Each writer has his peculiar classification, and the treatment even at the present day is obviously of the most opposite and diversified character. In fact, he is surrounded by a hundred and one domestic appliances, besides the diversified opinions of his medical contemporaries.

It is not my intention to speak of the various forms of burns, the phenomena by which they are characterized, or the effects to which they may give rise, when severe, neglected, or injudiciously managed. This has been so often and ably done by medical and surgical writers, who may be consulted by every medical man at his leisure, that it would be only presumption to occupy the time of the reader with an unnecessary repitition, to which nothing could be added. My object is to call attention to a form of treatment which is simple, easy to be adopted, and as far as my experience with it has been pursued, not to be objected to on the ground of its therapeutic value, but on the contrary, my own confidence in it has been strengthened. Much time is saved, as well as giving to the patient almost immediate relief. I allude to the use of sulphate of zinc, and the mode of applying it to the surface of parts, either burn or scald. The solution may be varied in strength to suit the various conditions of the case in its exigencies. Three grains to an ounce of water is about the strength I have used it, at the first dressing. Soft cotton or linen cloths should be dipped into this solution, then cover the part or parts burned smoothly with them, avoid wrinkling as much as possible, and where practicable, apply a roller lightly; if not, have the dressings watched by a nurse, if they should get displaced, let the attendant adjust them immediately; when they get partially dry, they should be moistened, this is done without removing them; dip a sponge or cloth into part of the solution, (this will keep the bulk of the solution clean,) and wet the whole over by dribbling it, this is to be repeated as often as necessary to keep sufficiently moist, otherwise the cloth would become dry, and adhere to the injured part. If the patient should shiver when the solution is put on cold, it may be warmed by placing it in a bowl of warm water, or other large vessel, until it shall become sufficiently warm to be comfortable to the patient. In superficial burns or scalds, one dressing may answer, if the lesion, however, should involve the deeper layers of the skin, or extend entirely through its substance, it should be renewed every twenty-four hours, and clean cloths substituted, until the lesion is entirely healed. This has been the only treatment I have made use of for the last sixteen or seventeen years, either to slight or the more severe injuries. I know of no remedy which will fulfil every indication so efficiently as this, with so little trouble.

Here let me remark, we have but one exception to its use—burns by gunpowder. When a charge of powder is fired, or a quantity confined in paper is ignited by accident, near an exposed part of the body, a portion of the unburnt powder is deposited in the skin, proportionately to the imperfection of combustion and coarseness of the granules. In such a case, the wash would be inadmissable, as it would act as a solvent to those granules which could not be conveniently removed, consequently, the irritation would increase the consequent inflammation to a high degree, and would be a great hindrance to recovery.

In these cases I should give preference to the carbonate of lead in the form of paint, as recommended by Prof. S. D. Gross, M. D. In all other cases, I prefer the zinc. It is portable, can be always at hand, and is quickly prepared for use in all cases of emergency. It is also reliable.

It is not difficult to determine the mode by which the sulphate of zinc produces its beneficial effects in this class of injuries, it prevents partially the contact of the atmosphere, at the same time, by its astringent properties, constringes the capillary vessels, allays pain, stops the formation of vesicles, and promotes a more speedy termination of inflammation by resolution. I have seen patients literally agonized with suffering, become perfectly composed in fifteen or twenty minutes after the burnt surface was thoroughly covered by this dressing, and it entirely overcomes the annoyance of intermeddlers in the progress of cure, which is a great relief to the physician in attendance, especially in country practice, where the knowing ones generally congregate to dispense their whims.

CASE OF GUNSHOT WOUND THROUGH THE LUNGS.

By P. J. Farnsworth,

Of Lyons, Iowa.

John C., private in 26th regiment Iowa Vols., of strong constitution, a native of Ireland, was wounded at the battle of Arkansas Post, January 11th, 1863. The bullet entered in front of the left shoulder, below the clavicle, and above the first rib, just in front of the joint, passing obliquely backward and downward, and coming out at the right of the spinous process of the fifth or sixth dorsal vertebra. Evidently passing obliquely through the upper part of the lobe of the left lung.

From his own account, there was not much hemorrhage. He expectorated a considerable quantity of blood, and experienced a very severe pain in the left side. He was removed to the hospital, where little attention was paid him, except some adhesive plaster placed over the wounds. The obliquity of the external wounds seemed to prevent the admission of external air. The surgeon evidently considered it a hopeless case, and paid litle attention to him, so that after a month, he had become very much bent over, forward and laterally. He was then sent to the hospital at Keokuk, where he remained for two months longer, when he was discharged, and sent home.

His appearance, when he first came into our hands, was of extreme emaciation. The left shoulder dropped down, and the spine bent forward and sidewise. The wound in front was healed, but the one on the back was open, and when he coughed violently, air escaped. The cough was troublesome; the expectoration bloody pus, in large quantities. The whole aspect was that of the last stages of tubercular disease. He had night-sweats, and swelling of the lower extremities, and a peculiar clubbing of the fingers.

We gave him cod-liver oil and stimulants, and as generous a diet as he would bear. He lingered along for two or three months, with slight improvement. There was every indication of tubercular disease, and of a large cavity in the lung. A Soldiers' Home being opened in Chicago, we obtained permission to send him there, he having no friends here. We procured a carriage and carried him carefully to the depot, and saw him aboard a sleeping-car, never expecting to see him again.

This was in August, and we heard no more from him until December, when he returned, in the *uniform of an invalid veteran*. His appearance was much improved, and he informed us that he did regular guard duty, over the rebel prisoners at Camp Douglass. He was not quite well, but much of the cachectic look had passed away. The wound on the back had healed, and he was not much troubled with cough. The clubbed appearance of the fingers had disappeared, and he had become straight. His duties were light, and he was able to perform them.

He is now here; having been lately discharged, and is in good health. There is a little dulness over the left lung, but nothing more. He informed us that he was in hospital but once after re-enlisting, about eleven months after he was wounded.

The points of interest in the case, are the appearance put on from an evidently severe wound through the lungs, and the apparent entire recovery therefrom.

The entire recovery did not take place in the eleven months, for when re-enlisted, he must have been far from well and only fit for the lightest duty; but, before the term of his enlistment expired, he was fit for field duty, and to all appearance is now in perfect health.

Ophthalmia in the Belgian Army.

In twenty-five years, between 1814 and 1839, the Belgian army of 50,000 men has produced 100,000 cases of ophthalmia.

Hospital Reports.

Jefferson Medical College, *November.*

Surgical Clinic of Prof. Gross.

Reported by W. W. Keen, Jr., M.D.

Ankylosis of the Knee.

Nov. 2. Henry G. M., æt. 22, farmer. When a boy of 13 he was hurt in the left knee internally, by a corn-cutter. The scar is left, but whether the wound penetrated to the joint, I cannot discover. He was in bed some three or four months, and on getting up in the spring, the knee was ankylosed say at an angle of 130°. He walked without crutches, however, and did his day's work with the rest, at haymaking, etc. His general health, therefere is capital.

I made a small puncture externally, and with a chisel, perforators, hammer, etc., I broke the bone into pieces at the joint, between the tibia and femur. I gave him morph., gr. ½, applied acetate of lead and opium to the joint, and placed it in a fracture-box with a double inclined plane, at an increased angle to the old one, and making extension and counter-extension.

Nov. 30th. He has had scarcely any pain in the knee. Gradually, the angle of the splint has been increased, and it is now almost straight. The adhesive strip was only removed from the incision I made to-day, and there has been no inflammation, I gave chloroform and instituted passive motion. The fragments grated considerably in the joint, but there was considerable movement.

Dec. 28th. Every two or three days I have made passive motion, and it has now a motion of 90°, with less grating. It is followed by soreness, which however is kept in admirable control by the acetate of lead and opium, and by friction with alcohol and water.

Jan. 2d, Discharged with somewhat more mobility, with directions to his physician to continue the treatment.

Umbilical Hernia.

Nov. 9. John T. C., æt. 10. Good constitution; excellent general health. The hernia is congenital, and was then very small. Since then it has increased, until it is now a pendulous conical tumor, larger than a large egg. The skin is much attenuated, bluish at some points, the subcutaneous veins being somewhat enlarged. Where the tumor presses against the skin of the abdomen, the skin of both is red and almost excoriated. He has pain occasionally, of a colicky nature, and then, by his father's account, the tumor is enlarged and very hard, and he is also very costive. He is not ordinarily costive; nor does the tumor increase perceptibly after meals. It is irreducible, and to the touch doughy throughout its whole extent. The opening in the abdominal walls is very slight. Probably it is omentum.

I could only advise. I advised excision of the body of the tumor, leaving its base as a plug, or else the wearing of a support, such as a gum-elastic bag, with attention to the bowels and diet.

Chronic Hiccup.

Nov. 16. Eliz. M., æt. 26. She has had the hiccup for nine months. It comes on every 5 or 15 minutes in spasms, when she hiccups loudly four or five times. It often wakes her up after going to bed. She can lie only on the right side. It is worse in the evening, when fever also accompanies it. She has no headache nor thirst. Her tongue is clean; her bowels somewhat costive; menstrual function regular. She has no appetite. She has great dyspnœa; soreness all over the chest, apparently nervous, in part, at least; and she suffers greatly from palpitation of the heart. On percussion, the lungs were clear, the heart normal. On auscultation, there was rude respiration on the left side; the sounds of the heart were normal.

I ordered

℞. Pil. hydrarg.,
Ext. colocynth. comp.,
Jalapæ, āā gr. viij.
Ipecac. gr. j. M.

ft. pil. in no. v. S. One every three hours. Also

℞. Quiniæ sulph., gr. v.
Morphiæ sulph., gr. ⅛.

twice daily.

Also blister the præcordia and epigastrium, covering the blister with morphiæ sulphat., gr. iij.

Also succus limonis recent, ʒij. Six or eight times daily.

Strumous Ophthalmia.

Nov. 16th. Sarah C., æt. 15. Very large and well-developed for her age. The menstrual function has not appeared. For eight years her eyes have been sore. Her eyes were some time ago entirely intolerant of light, but now she can bear it for a very short time. There is great lachrymation, so that the tears run over the cheeks. The lids adhere firmly in the morning. They are inflamed on the inner surface, and there is congestion of the conjunctiva.

I ordered regular purgation every 4th night as follows:

℞. Pil. hydrarg., gr. v.
Ext. colocynth comp., gr. iij.
Aloes, gr. ij.
Antim. et potass. tart., gr. 1-16.

Also

℞. Magnes. sulph.
Antim. et potass. tart.
Quiniæ sulph., gr. iss.
Acid sulphur. aromat., gtt. ij.
Morphiæ sulph., gr. 1-16.
Tinct. verat. vir., gtt. iij. M.

S. Take four times daily.

Also an eye-wash of sassafras pith tea.

Also

℞. Unguent hydrarg. nitrat., gr. x.
Cerat. simp., gr. lx.

S. To be applied by a brush to the lids every night.

I also directed a light diet; no meat. She must wear a thick veil; dance none; take gentle exercise, with good warm flannel clothing; and must wash daily her body with water and salt or mustard.

Phosphor-Necrosis.

Excision of the Inferior Maxilla.

Nov. 20th. James McK., æt. 40. His general health is only passable. He has worked for 20 years in a lucifer match manufactory, where phosphorus is largely used. Five years ago the disease commenced, with what was supposed to be toothache, and he had two teeth removed. Soon the gums swelled, the teeth became loose and painful on eating, and the saliva flowed very freely, indeed there was every appearance of salivation. The lower jaw bone soon was evidentiy involved, and four years ago, the right third of it was removed, the right cheek being very much enlarged also.

The enlargement of the cheek subsided, and he continued in the factory. Last spring, the same symptoms reappeared, and the remaining two-thirds of the bone became carious. The breath is very fetid, and of a peculiar odor characteristic of phosphoric caries. The lower jaw has lost all its teeth, the alveoli in front are denuded of the gum; the left cheek is enlarged and very hard. On probing by some ulcerations just below the angle of the jaw, dead bone was easily felt.

I made an incision from in front of the ear to near the angle of the mouth, and with considerable difficulty removed the remaining two-thirds of the bone in two portions. From the genial tubercles there was an exostosis very much like a lumbar spinous process, some one half inch square, on which the muscles of the tongue were inserted very firmly. The parts, especially the hypertrophied left cheek, were very vascular, and the muscles surrounding the bone hardened and brittle. The hemorrhage was very troublesome, Monsel's salt having but little effect on it; but it was finally subdued by ice. I dressed it with simple adhesive strips, after approximating the edges with the wire (silver) suture. I ordered him stimulants, punch, oyster soup, etc., with morphia, gr. ½.

21st. He has slept well and suffered very little. Suppuration has already begun. His strength is good.

22d. In consequence of the fetid suppuration, his mouth is rinsed out by Labarraque's solution diluted. Stimulants still kept up. Strength excellent.

26th. Strenght excellent. Considerable œdema of the lips and eyelids, from his constantly lying on the right side. Dressed the wound with ung. zinci oxidi, after washing still with the Labarraque.

30th. The pus is healthy, the granulations excellent. Discontinued the use of the Labarraque as the fetor is gone. His strength is not quite so good to-day. (6 P. M.)

After the above note, at 9 P. M., a distinct rigor set in, accompanied with pain in the abdomen and rapid loss of strength. I applied a mustard plaster to the abdomen, and gave him whiskey in milk punch freely.

Dec. 1. He has sunk rapidly to-day. Hiccup set in toward night, and the pain in the abdomen increased; the pulse has become frequent, quick, and thready; the wound also looks badly. Suppuration has stopped almost entirely, and instead of being covered with a thick, yellow pus, as it was yesterday, the pus is thin, watery, and of a dirty-grey color. The edges of the wound too are unhealthy and gaping. Everything tends to the diagnosis of pyæmia, and a very unfavorable prognosis. I stimulated more freely by brandy, sinapisms, etc.

2d. The unfavorable symptoms became still more so, coma set in by 10 A. M., and at 2 P. M. he died. Very quickly following death, the skin became of a marked yellow tinge.

Post-mortem Examination. This was held at 11 P. M.—nine hours after death. On examining the *wound*, the hypertrophied cheek was found united firmly to the jaw, almost from the angle of the mouth to the ear, but the portion of the wound in the lip gaped widely externally, and was only slightly united from within. The upper jaw was necrosed above the molar teeth, especially on the left side. The mucous membrane of the mouth was covered with an unhealthy pus, as was also that of the fauces.

On opening the *chest*, old pleuritic adhesions were found on both sides.

The *lungs*.—The right lung, posteriorly and

internally was filled with diffuse abscesses, while the whole of the left lung was thus infiltrated. There was not one circumscribed abscess. Each of them floated in water.

The *heart* was healthy throughout, and nothing was remarked save the presence, in both auricles and ventricles, of very firm and large clots of fibrin, which was nearly colorless and so tenacious as to extend into the auricular appendages and the arteries and veins, whence it was withdrawn.

The *abdomen* was tympanitic. On opening it, the *peritoneum* was found in a state of congestion and inflammation, in both its parietal and visceral layers, and the intestines were bathed in pus, amounting to some f.ʒ iv.

The *liver* was considerably enlarged, a little softened perhaps, and in a state of high congestion, but no abscesses existed in it.

The *gall bladder* was very large, and filled with f.ʒ iij. of dark uncoagulated blood, tinged with, and swelling of bile.

The *kidneys* were healthy.

The *pancreas* was rather soft and friable; otherwise natural.

The *spleen* was somewhat enlarged, highly congested, even of a black color anteriorly, and there was quite a large circumscribed abscess near the hilus.

The *stomach* was coated with unhealthy pus—some of it possibly swallowed—and its mucous surface was dotted with small ulcers, especially along the smaller curvature and toward the pyloric orifice.

The *small intestines* were softened, so that in separating the duodenum from the surrounding parts, the walls continually gave way, and its dark, offensive, greenish-black, semi-fluid contents were extravasated. The mucous membrane was congested and inflamed, and this, as well as the softening, was most prominent in the duodenum and ileum. In the ileum, near the ileo-cæcal valve, were a number of distinct ulcers.

The *fat* behind the colon was in a state of suppuration.

The *large intestines* were congested and inflamed on the mucous surface, as the small intestines. In the descending colon, particularly, this was the case, and ulcers were formed here, some of which had perforated the sigmoid flexure, making a large aperture into the peritoneal cavity.

The *rectum* was partly filled with impacted feces.

Scirrhus of Skin.

Shoulder—eight years duration.

Nov. 20th. George W. C., æt. 26. Strong and healthy; a private in Young's Kentucky Cavalry. For eight years he has had on the left shoulder a small tumor on the skin, a little larger than a dime. It arose without any assignable cause. It is in the substance of the skin, perfectly movable, is elevated and hard, and its surface glistening, and not ulcerated. It is the seat of sharp, pricking, lancinating pains.

I excised it, and dressed with sutures and adhesive strips. Dieted him, kept him quiet, and attended to his bowels.

27th. Doing well. Removed the sutures.

30th. By exercise, contrary to orders, the wound is somewhat gaping. Dressed by adhesive strips and ung. zinci oxidi.

Dec. 14th. Almost entirely cicatrised; having already granulated.

Dec. 28th. Discharged entirely well.

Encysted Tumor of the Lip.

Nov. 20th. Annie K., æt. 15, in excellent general health. She has a small tumor, of the size of a five cent piece, on the lower lip, just within its margin, on the right side. She has had it for two years, with little pain, save when injury is inflicted upon it in eating, etc. Its appearance is translucent, and somewhat dark.

I excised it readily, and found it to be encysted, with a thick, ropy, and rather dark colored, but transparent fluid. I simply attended to the bowels and diet. I put on no dressing.

21st. She is doing well; the wound healing by the first intention.

Caries of Rib.

Nov. 23d. Wm. H., æt. 28. On the 5th of last June I operated for a fistula, extending to the fifth rib and costal cartilage, with softening of the periosteum and perichondrium. I scraped the bone, took away the carious portion of it, and it healed readily. There is now a sinus extending to the sixth rib and costal cartilage, on a line with the nipple (perpendicularly). It is attended with some discharge. I laid the rib and cartilage bare, and after scraping it thoroughly, dressed the wound with adhesive plaster and wire suture, warm water dressings, and bandage.

27th. Doing well. Some little discharge from the deeper structures. Dressed with oxide of zinc ointment and adhesive strips.

Dec. 21st. Entirely healed.

Onanism.

Nov. 22d. Henry H., æt. 19. Has been in the habit for two or three years, three or four times

a week. He now finds some difficulty in commanding an erection. He has no pleasurable feelings at the time. He also suffers from nocturnal emissions—two or three per week, excited by dreams early in the morning, when lying on his back. The scrotum is not relaxed, so far as he is aware, nor does it perspire unnaturally. He has no incontinence of urine. His general health is good—appetite good; but he suffers from vertigo. He has no headache, no noises in the ears. His memory is considerably impaired; his vision is confused, and he often sees black spots in reading. He is drowsy in the day time; has cold feet and hands; pains in the back and spermatic cord. He is nervous, and easily scared.

On passing a catheter, the prostatic portion of the urethra was found to be excessively tender. I cauterised that part of the urethra, and ordered him the antimonial and saline mixture. Light diet; a hard bed; he must rise immediately on waking; take gentle exercise, and go into society; and above all, must refrain from his evil habit.

Hydrocele.

Nov. 27th. James W., æt. 50, is a sexton. Four months ago he fell some 14 or 16 feet, and injured the right testicle, and a tumor rapidly developed, especially of late. It now extends up to the groin; is nearly as large as the fist; of an egg-shape; soft and elastic, with distinct fluctuation. He has pain in it, especially when sitting down. The cord is sound; the subcutaneous veins enlarged. The tumor has a peculiar translucent appearance. It never disappears. He has never had a hernia.

I punctured the sac, and evacuated some five or six ounces of a deep straw-colored coagulable fluid. I then with a camel's hair brush introduced the dilute tincture of iodine into the sac.

Dec. 4th. Some pain and inflammation supervened, but it yielded readily to acetate of lead and opium.

11th. Entirely well.

Fracture of Skull.

Nov. 30th. Charles M., æt. 10 months. On the the 24th inst. he fell from the sofa, and struck his head. He complained but little; has had no vomiting nor fainting, He has only had a little pain in it. There is now a large tumor a little posterior and inferior to the left parietal boss, of the size of half a large orange, which by the exploring needle proves to be bloody. Its walls are very tense.

℞. Ammon. chlorid., ʒij.
S. Add to four tablespoonfuls of vinegar and a quart of water, and apply over the tumor, with friction, three times a day.

Dec. 7th. The tumor is largely decreased, and its walls are far less tense. On feeling it I was surprised to find a sharp projecting edge of bone, evidently the edges of a fracture. The depression is of the size of half a dollar. There have been yet no signs of compression of the brain, notwithstanding so large a piece is depressed. The child takes the brest well. Treatment continued.

18th. The tumor is entirely gone, and the bone is felt depressed very markedly. Strabismus is present to a slight degree, but whether it has supervened upon the injury or existed previously, the mother is not observant enough to know.

No further treatment at present.

Enlarged Axillary Gland.

Nov. 30th. Catherine L., æt. 28. The tumor is now as large as a walnut. It began four years ago, in the left axilla. She has no pain. It is non-adherent. Under the skin can be felt a pulsating artery. When she gets cold the glands under the inferior maxillary bone become enlarged. The prominent point of it is elastic, but the exploring needle failed to show any fluid. Since she is nursing a child I forbore to open it, trusting to its being absorbed, or else forming an abscess. I therefore ordered

℞. Tinc. iodinii, f.ʒj.
Alcohol, f.ʒj.
S. Apply every night.
℞. Pilul. hydrarg., gr. v.
Ext. colocynth. comp., gr. v.
S. Every other night.
℞. Liq. barii chlorid., gtt. vj.,

three times a day; adding a drop every other day till she has reached ten, and then after a respite of three days, beginning at six drops again.

Editorial Department.

Periscope.

The Relations of Variola to Vaccinia. Animal Vaccination.

If there is any one point in the pathology of variola and vaccinia which we have considered established beyond a question, it is the opinion that vaccinia is modified variola. That both are identical in nature, the former being the product of the latter acting upon the cow or horse, but modified by the constitution of these animals to such a degree that its introduction into the human system from such a source is entirely innocuous, while it establishes a disease so nearly allied to variola as to exclude that disease, in most cases,

from any future occupation of the constitution thus occupied. It would seem, however, that the French Academy of Medicine are not satisfied with the results obtained by experimenters heretofore, and having examined the subject *de novo*, they have come to conclusions directly opposite to those usually claimed to result from similar experiments. It is true that in rare instances the inoculation of the cow with small-pox virus, and the subsequent inoculation of the human subject with virus from the produced pustule, has led to the development of small-pox instead of the expected vaccine disease. If the results of the Academy's experiments are to be depended upon, however, the method which has been thought to furnish the readiest means of obtaining a supply of vaccine matter in an emergency, at a distance from any source of supply, namely, that of inoculating the cow with small-pox matter, and taking from the produced pustules matter for purposes of vaccination, is entirely unreliable. It is hard to explain the incongruity of the results contained in the report to the Academy and those published in medical works of acknowledged authority. It is possible that some unappreciated influence of season or diathesis interfered with the ordinary action of the small-pox virus experimented with. Certain it is that this question cannot be suffered to remain involved in any new obscurity—thrown about it by so authoritative a body as the French Academy. We hope to see before long confutation or confirmation from some other source, together with some reasonable theory to account for the impressions which have at the present time so firm a hold on professional opinion. We find the results referred to reported in the *Archives Générales de Médecine* for July. It is there stated that at the session of the French Academy of Medicine held May 30th, M. Chauveau communicated the principal results of his experimental researches on this important subject.

These experiments, undertaken at first in consequence of a discussion in the Academy on this question, by a commission of which he was a member, with Messrs. Viennois and Meynet, are recorded in a report read to the Society of Medical Sciences of Lyons. It was an analysis of this report that M. Chauveau presented to the Academy.

The Commission has studied principally in the two principal vaccine-bearing and vaccine-generating animals—the ox and the horse—the effects of vaccine and variolous inoculation.

M. Chauveau sums up in these terms the results and conclusions of these experiments:

1. Human variola is inoculated on the cow and horse with the same certainty as vaccinia.

2. The effects produced by inoculation of the two diseases are entirely unlike.

In the cow, variola produces merely an eruption of papules, so small that they would escape observation, if attention had not been called to their existence. Vaccinia, on the contrary, produces a vaccine eruption, the typical form of which is large and well-characterized pustules. In the horse there is also a papular eruption, without secretion or crusts, produced by variola; but, although this may be much more severe than that of the cow, it could never be confounded with the horse-pox, so remarkable for the abundance of the secretion and the thickness of the crusts.

3. Vaccinia inoculated singly upon animals of the bovine and equine species, protects them generally from variola.

4. Variola inoculated upon the same animals generally prevents a subsequent development of vaccinia.

5. Cultivated methodically upon these same animals, that is to say, transmitted from cow to cow, or from horse to horse, variola does not approach in characters to the vaccine eruption.

At the same meeting of the Academy, Dr. Lanoix read a paper on Animal Vaccination, containing the results of his experiments since his first communication, in October last. The following are the principal results announced:

In a first suite of re-vaccinations, done at the Lyceum of the Prince Imperiale, 180 children from 9 to 12½ years of age were re-vaccinated; and of this number there were 63 in whom the vaccination produced good vaccine pustules.

In a second suite, 200 younger children, from 7 to 9 years of age, were vaccinated. In 20 only of them was a good vaccine produced. In all there were 80 successful vaccinations out of the 380 re-vaccinated; that is to say, 20 to the 100.

Two months after, Dr. Michel, Physician to the Institution of Fontenay, re-vaccinated all the children of that College with animal vaccine. Out of 400 children 76 had a good vaccine disease. Adding to the above figures 40 other re-vaccinations practised on children from 7 to 13 years of age, we have a total of 820 re-vaccinations, of which 159 were successful, or 21 to the 100.

M. Lanoix also reports the results obtained by M. Dhéré in a young girls' boarding-school, and published in the *Gazette des Hopitaux*, March 2d, 1865.

Re-vaccination in subjects from 14 to 20 years old, to the number of 71, gave 31 cases of success. In adults from 20 to 40, the number of cases of successful vaccinations was 97 to 200. There were 7 in 30 subjects, from 40 to 50 years old. Finally, of 5 persons from 50 to 60 years old, 2 were successfully re-vaccinated.

Finally, the author expresses his confidence in the results obtained by M. Negri. "As I was six months ago," he says, "and even more convinced now, I come to tell you that the transmission of vaccinia from heifer to heifer is always possible, and with such ease as to supply the needs of a large practice. That the vaccine does not grow weak, but that its activity is longer preserved, with more certainty, in its passage through the animal organism than through the human. That such vaccinations give always, or almost always, a positive result; re-vaccinations an average of success superior to the average of success produced by human vaccine lymph. That vaccination with virus from the heifer is easy. That it becomes in a time of an epidemic of variola a powerful resource to combat that terrible disease, by reason of the abundance of vaccine matter which may be rapidly conveyed to all

points where it may be required."—*Boston Med. Journal.*

The Use of Sulphites in Zymotic Diseases.

Professor R. Bartholow, of Cincinnati, publishes in the *Cincinnati Lancet and Observer*, his "Investigations into the Use of the Sulphites in Zymotic Diseases." To ascertain whether the sulphites passed through the system unchanged, and to determine the therapeutic value of these agents, bisulphite of soda was administered in a variety of cases, and the urine examined, particularly in the following:

A case of hospital gangrene; one of gunshot wound of the perineum, with symptoms of pyæmia; one of scaly eruptive disease of long standing; one of typhoid fever; one of rubeola. One to two drachms were given daily. But few physiological effects were marked; pulse and respiration remained unaffected, and there was no departure from the heat wave-line normal to each case. No gaseous eructations, only some gastric uneasiness after each dose. In one case there was nausea and increased peristaltic action. Its chief effect seemed to be diuretic. In all cases the urine was increased in amount, reaching in one instance sixty ounces daily, slightly acid, with an abundant precipitate of urates on cooling. The hydrogen test gave the characteristic reaction with lead paper, but less decisively so than some normal urine used as a standard of comparison, hence the sulphur extractive seemed to be diminished. No sulphurous acid or soluble sulphite could be detected, hence the presumption that it had undergone oxidation, and was present as sulphate. Taking the urinary secretion of the twenty-four hours preceding the administration of the bisulphite of soda as the standard, it was found that the quantity of sulphuric acid rose progressively from 24 to 40 grains. This urine very rapidly underwent the alkaline fermentation after emission.

The therapeutic action of the bisulphite of soda was even less striking than the physiological. In the case of hospital gangrene, the improvement which had begun before the administration of the remedy continued in the same ratio for three days, but the gangrene reappeared on the fourth day, whilst the patient's fluids were saturated with the remedy. Its effect proved injurious by lowering the reparative process. In the other cases no appreciable therapeutic effect was observed. In the case of gunshot wound of the perineum with symptoms of pyæmia, the remedy was withdrawn after the second dose, because the symptoms were found to be due to malarial poisoning, and were quickly relieved by quinia. This case is a type of a large class, and hence peculiarly instructive. It often happens that cases of disease characterized by chills, fever, and perspiration, arising from malarial poisoning, or due to local morbid processes of a benign nature, are mistaken for pyæmia, and the fortunate result ascribed to some remedy employed, supposed to be efficacious in this condition. Still more frequently is the natural progress of a case to the healthy state, or the occurrence of some critical evacuation confounded with the effects of remedies, and in some of these modes the writer is convinced that the sulphites appeared to confirm the theoretical views on which they are administered.

The author comes to the following conclusions:

"1. The action of the sulphites administered by the stomach, cannot be predicated upon their actions where injected into the vessels.

2. The sulphites undergo oxidation in their passage through the organism, and are converted into sulphates.

3. Their physiological effects in large doses consist in slight irritation of the intestinal mucous surfaces, increased peristaltic action, and increased diuresis—effects produced by the sulphates.

4. Their therapeutic effects, when administered by the stomach, may be represented by $\frac{0}{1.}$

5. As a corollary from the views indicated by the author, it is evident that zymotic diseases are propagated by a true fermentation, the sulphates could only be effectual in their cure when administered during the period of incubation, or the true fermentation period, and before the occurrence of the secondary stage—the stage of affection of tissues and organs."

In the same journal, Dr. W. V. V. Rosa, of Watertown, N. Y., publishes a case of *acute puerperal anæmia*, which was apparently relieved by the sulphite of lime; but as morphine was given, and had the effect of "quieting the stomach and bowels, and enabling the brain to furnish force for digestion, which immediately recommenced," and pyrophosphate of iron was also added—the recovery of the patient, which it took over two months to accomplish, may be equally due to time, an improved digestion, morphine, and pyrophoshate of iron. L.

Strangulation of the Testis in the Inguinal Canal.

M. Velpeau had lately under his care a large well made man, aged 37, who was admitted into hospital with symptoms resembling those of strangulated hernia. According to the *Jour. de Méd. et de Chir. Prat.*, he had had, during two hours, severe pain in the groin, and repeated vomiting; there was a swelling in the right inguinal canal, much resembling a hernia. No improvement was produced by the use of a bath for three-quarters of an hour. The tumor was of about the size of an orange, moderately firm, dull on percussion, moveable, and very painful on pressure; it occupied the inguinal region, and the scrotum of the same side was distended with fluid. The patient was ordered to have ice applied to the part, and to take a dose of calomel and jalap. The vomiting and pain disappeared completely ten hours after their commencement. The next day, the swellings in the inguinal canal and in the scrotum still remained. But the former had become soft, flaccid, and painless; it was a little larger than a walnut, and evidently fluid; while the scrotal tumor had acquired a certain degree of hardness, and consisted in part of the testis, lying in the scrotum a little below the ring, and surrounded by a small quantity of fluid. A hydrocele of the inguinal canal had

succeeded the strangulation of the testis. On inquiry, it was found that the patient had been from an early age able to withdraw the testis into the inguinal canal.

The Influence of Uterine Displacement on the Sterile Condition.

At the late meeting of the British Medical Association, Dr. J. Marion Sims, of New York, read a paper on the above subject. The following resumé of which we copy from the *British Medical Journal.*

"Dr. Sims did not propose to give a complete paper on the subject of sterility, but only to present it in one of its relations—viz., that of its dependence upon misplacements of the uterus. He divided his sterile patients into two classes: 1. Those who are married a sufficient length of time and did not conceive; 2. Those who had borne children, but for some reason ceased to do so long before the termination of the child-bearing period. The first he called "natural sterility;" the second, "acquired sterility." To show the frequency of uterine displacements in this relation, he said that of 250 cases of "natural sterility" that had fallen under his observation, 103 had anteversion, and 68 retroversion; and of 255 cases of "acquired sterility," 61 had anteversion, and 111 retroversion, the anteversions predominating in the first class, the retroversions in the second, the two opposite displacements being almost in inverse proportion in the two classes, and forming about two-thirds of the whole number, being 343 out of 505 cases; which proved beyond question the bearing and importance of these displacements in connection with the sterile condition. He illustrated by diagrams the normal position and relations of the uterus, explained the various causes and complications of anteversion, whether dependent upon fibroid tumours, elongation of the infra-or supra vaginal cervix, shortening of the utero-sacral ligaments, or hypertrophy of the fundus. In all these cases, he said, not much could be done for the relief of the sterile condition by merely mechanical means; but efforts should be directed to seeing that the os tincæ was properly open, that the canal of the cervix was free from engorgement, and that the secretions, both vaginal and cervical, were not poisonous to the spermatozoa. One form of anteversion was easily cured by a simple operation, which he originated eight or nine years ago. He illustrated this by cases and diagrams. It was as follows. The uterus lies on the anterior wall of the vagina, and parallel with it The fundus is most usually the seat of a fibroid growing anteriorly. The anterior wall of the vagina is greatly elongated, the os tincæ pointing directly backward. Under these circumstances, he has shortened the anterior wall of the vagina an inch and a-half, by denuding a surface a half-inch wide and two inches long across the axis of the vagina in juxtaposition with the cervix uteri, and making a similar transverse scarification parallel with the first, about an inch and a-half, more or less, anteriorly to it, and then uniting these two transverse cut surfaces by silver sutures, as in uniting the edges of a transverse vesico-vaginal fistula. This necessarily shortens the elongated anterior wall of the vagina, draws the cervix forward into its normal relations, and as a consequence elevates the fundus. He related several successful cases of this operation, and had seen it followed by conception and child-bearing. He then passed to the consideration of retroversion as influencing the sterile condition, pointed out its varieties and anomalies, and showed how it was to be diagnosed and how replaced. By diagrams he illustrated various modes of reduction, showed how conception was difficult, and sometimes impossible, in some forms of retroversion, advocated mechanical treatment, pointed out the dangers of pessaries, but advocated their use when judiciously applied under proper circumstances He preferred a malleable ring, either of block tin or a ring of copper wire covered with gutta percha, and then bent or curved to the proper diameters of the vagina of each patient. He said this was a modification of Hodge's pessary. Under some circumstances he also used Meigs's ring pessary, made of watch-spring covered with gutta-percha. He pointed out the peculiar advantages of each of these, and paid a just tribute to his countrymen, Drs. Hodge and Meigs, who were the earliest advocates of the mechanical treatment of uterine displacements. The great secret of treating the sterile condition when dependent upon retroversion was to adjust a malleable ring which would hold the uterus in its normal position, and which was to be worn always during the act of coition. He explained its philosophy, its efficiency, its safety, and its harmlessness, and related many cases in which its use had been followed by conception: one after a sterile marriage of six years, another of ten years, another of fifteen years, and others at various periods of time after sterile marriages. He also showed how miscarriages, often dependent upon this displacement, were prevented by the use of a properly fitted malleable pessary. He then pointed out the course to be adopted when it was impossible for the patient to wear a pessary, showing why it was so, and what was to be done.

Treatment of Coryza.

M. Luc, an Assistant Surgeon in the French army recommends the inhalation of tincture of iodine in nasal catarrh. "I inhaled tincture of iodine" says he, "from a phial for one minute at a time, at intervals of about three minutes; the heat of my hand was sufficient to promote the evaporation of the iodine; the headache yielded first, sneezing became less frequent, the secretion less copious, and although the inhalation caused a burning sensation in the throat, I was entirely cured at six o'clock P. M., of a cold which from nine A. M. to three P. M. had been sufficiently violent to compel me to use four pocket handkerchiefs."—*Dublin Med. Press.*

M. Luc claims to have had equally good results in several other cases. L.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 7, 1865.

CHANGE OF TYPE IN DISEASE.

The late annual meeting of the British Medical Association has given an opportunity to some of the ablest representatives of British Medicine and Surgery to ventilate their views on that great question which has so extensively occupied the philosophical mind of the profession, embraced in the term "change of type."

In his Address in Medicine, the venerable Regius Professor of the University of Dublin, Dr. STOKES, discusses the subject at length, taking strong ground in favor of the actual periodic change of type in disease, and defending the former practices of blood-letting, etc., as perfectly sound, and demanded by the then sthenic inflammatory type of disease.

The series of arguments and facts adduced by Dr. STOKES, with the exception of one class, to which we shall presently allude, present nothing which has not been repeatedly advanced, and with which the present generation of physicians are not fully conversant. It is, on the one hand, the testimony of the old practitioners, that there was a high inflammatory sthenic tendency, thirty, forty, or fifty years ago, because they *did* resort to violent measures of depletion; and, on the other hand, our respect and veneration for those noble old physicians who have gone before us—a respect and veneration which leads Dr. STOKES to exclaim "it is hard to believe that the fathers of British medicine were always in error," from which have been drawn the main arguments in favor of the change of type.

But, however great our respect, and deep our veneration for our immediate predecessors and fathers in medicine, to say that their practice was as sound, being the very opposite from that of the present day, in the same diseases, is really to *reverse* the natural order of things, according to all human experience. It is to say that while nature—the physiological laws which govern animal life—is immutable in everything else, and the real changes in the relation of man to these physiological laws consist in the progress of our knowledge of these laws, the practice of medicine alone forms an exception, diseases changing in their type, and the practice of medicine, though the most opposite, being correct at all times and in every century. This is advocating a degree of infallibility of practical medicine which may be pleasing to those who would look upon it with the eye of dogmatic certainty, but which is alike dangerous and opposed to progress, because it narcotizes us into the belief that our own errors are the errors of nature.

To return to that part of the address of Dr. STOKES which we have indicated as exceptional, inasmuch as it presents a new argument in favor of the change-of-type doctrine, it will be best if we let the able and learned advocate speak for himself.

"The Pathological Society of Dublin has been now established for twenty-six years, during which time it has held weekly meetings, for six months of each year. As one of the secretaries of that Society, I have had full opportunity of seeing and examining the recent examples of diseased structure brought weekly before that body —amounting to nearly 3000 specimens—the collected products of various hospitals of the city, and this result is remarkable, that the specimens of acute disease have had a character very different from that commonly met with in Dublin between 1820 and 1830. As a general rule, these specimens all showed appearances indicative of a less degree of pathologic energy. In pneumonia, for example, the redness, firmness, compactness, and defined boundary of the solidified lung, was seldom seen; and that state of dryness and vivid scarlet injection, to which I ventured to give the name of the first stage of pneumonia, became very rare. In place of these characters, we have a condition more approaching to splenization—the affected parts purple, not bright-red, friable, not firm; moist, not dry; and the whole looking more like the result of diffuse than of energetic and concentrated inflammation; or we had another form, to which Dr. CORRIGAN has given the name of blue pneumonia, in which the structure resembled that of a carnified lung which had been steeped in venous blood." Analogous observations are quoted by Dr. STOKES in regard to inflammations of the serous membranes.

We would most respectfully, but emphatically, dissent from the conclusions drawn from these facts, namely, that they prove or even tend to show any change of type in disease. On the contrary, there are, when we examine further into the matter, certain fixed facts of pathological anatomy which bear strongly against any such hasty conclusion.

Take pneumonia. The whole of the facts adduced on this point proves simply the fact, that of late *the cases of death* during the FIRST *stage* of pneumonia have become rare, in comparison to what they were formerly. Change of type has nothing to do with it. Whenever we have a patient die of pneumonia in the *first* stage, there

we also find the redness, dryness, firmness, vivid scarlet injection, etc., which are indicative, as Dr. Stokes says, of a high degree of pathological energy. And, if a man dies during the second and third stages, we just as invariably find the affected parts more or less approaching splenization—purple, not moist. The appearances of color, solidity, etc., of a pneumonic lung depend not upon some constitutional type, but, as pathologists on this side the Atlantic know, and as is demonstrated to every medical student, on the period which has elapsed between the time of inflammatory effusion and death. If the latter take place early, before the coloring matter of the effusion has been much subjected to disintegration and absorption, then there will be, of course, the appearances of this so-called high pathological action. If the patient die later, when the coloring matter and the effused material have been to a considerable extent removed, the other type is presented. But are these differences really different types? Are they not merely indicative of the stadium to which the disease has regularly progressed?

If it is true that the cases in which the appearances of the first stage of pneumonia are found, have been becoming, in latter years, more and more rare—and we take the testimony of Dr. Stokes as fully conclusive on that point, and experience on this side the Atlantic leads, we believe to the same conclusion—it is, we repeat, a proof that under the modern treatment of the disease, under the abandoment of those violent measures of depletion, there has been a change in this, that fewer people die during the first stage, and that to that extent life has been prolonged.

It is a matter of regret that Professor Bennett, of Edinburgh, the leader of the opponents of the theory under question, was not there to reply to an attack which was particularly directed against him. However, in Professor Syme, who delivered the Address in Surgery, he found an able exponent. His address alludes only incidentally, but very forcibly, to the subject.

"But before proceeding further, I must entirely dissent from the opinion which was expressed by my respected friend, who addressed you yesterday, that the progress of improvement implied a censure on those who had previously been in error. On the contrary, I have always understood that there was nothing more creditable than the admission of error, and that every man, instead of being ashamed to do so, should be proud of taking a step in advance, whether he leads or follows.

"Commencing with the treatment of inflammation and its consequences, I may notice a most remarkable difference between the old and the present practice, in the almost entire disuse of bleeding, instead of its nearly constant employment. On looking back, it is indeed difficult to realize the reckless and indiscriminate profusion with which blood was made to flow. When I was one of the dressers of the Royal Infirmary of Edinburgh, two of us went every evening at a stated hour to bleed the patients whose names were entered in a book, with the respective quantities due from each. On one occasion, I recollect of sixty-five ounces taken at once, and followed by thirty-five next day. At present few surgeons carry a lancet, and still fewer ever employ it, so that venesection, instead of being the most frequent, has become one of the rarest operations in surgery. The reason of this is generally said to be a change in the type or condition of the human system, but may, I think, rather be attributed to the influence of more correct ideas in regard to the treatment of disease, since it is certain that operations no less bloody than those of the old time are now performed without any evidence of less ability to bear them.

"Before being appointed House-Surgeon of the Edinburgh Infirmary, I was Medical Superintendent of the Fever Hospital; and then under the direction of the attending physicians, both of whom were professors of the University, I bled men, women, and children, who were brown, emaciated, and reduced to the utmost degree of weakness. Afterward, when House-Surgeon to the Infirmary, I had under my care a boy who suffered from compound fracture of the leg, which gave rise to profuse suppuration; and about three weeks after the injury, seeing that his strength was much exhausted, I ordered him some porter and a beefsteak. But the next day, the Surgeon, who was one of the most largely employed medical men of Edinburgh, disapproved of this, which he said would feed the disease, and directed me to take fourteen ounces of blood from the arm. I obeyed with great reluctance, and need hardly add that before the end of forty-eight hours, the boy was dead. Now, I would ask, could any man at present think of bleeding in such cases as these? And if not, then I say that whatever change there may have been in the type, there certainly has been a change in the practice."

It seems much more logical and in accordance with facts, to suppose that the change in practice has been mainly due to the better knowledge of physiology, pathology, and therapeutics, than that it is owing to a complete revolution in the rela-

tion of morbid influences to animal life. There are changes in the character of disease, originating in temporary fluctuations of epidemic and endemic causes, and which require modifications in our treatment, but so radical a change in practice as that which has taken place during the last quarter of a century, can only be due to the abandonment of previous errors.

CHANGE OF TYPE.

In connection with this subject, we note the following item:

In a late number of the *British Medical Journal*, Dr. DESCIEUX has published a pamphlet, in which he asserts "that during the last third, or quarter of a century, the human constitution has undergone a change in France; that diseases have become asthenic; and that, consequently, bleeding is not required now, as formerly. He finds the causes of this change in the immoral state of society, in the ardent love of riches, in sensuality, and in the abandonment of moral and religious principles." On which we remark: There is but one remarkable fact to be added to the list of results of all these influences, which are said to have caused the asthenic type—namely, that in spite thereof, the rate of mortality during the same period has everywhere diminished, and the average duration of human life has been prolonged to a considerable degree. Strange, that men seek for mysterious causes, when the simple plain fact that science has advanced, and old errors have been abandoned, are sufficient to explain everything. Diseases have changed type, because we look upon them with changed views, and treat them differently.

PHYSICAL EDUCATION.

Our boys and girls who grow up in large cities are sadly in need of a thorough system of physical training, which shall expand the lungs, strengthen the limbs, and give the muscles a chance to grow, by a freer circulation of the blood through the veins and arteries.

The air which our innocents must breath in a large city is bad enough. But when after the child has reached the years of school-room discipline, to the physical impurities of city life are added a six or seven hours' daily session in a crowded school-room, and several hours of study at home, it is not to be wondered why at the end of such juvenile mal-training, our young men and women are anæmic, nervous, and weak of muscle—physically and morally arrived at premature old age.

We have repeatedly, and for years, advocated a complete change in our present system of public education. It is crowd-poisoning physically, and crowd-poisoning mentally. Our school-rooms, as a rule, are neither sufficiently large nor comfortable, nor at all built with a view to thorough ventilation. Just as the rule seems to be, to crowd the largest number of pupils into the smallest possible space, so the plan of instruction is to force as many and different studies at the same time, to the utter neglect of all sound pedagogic rule, and to the great disadvantage of a really sound and rational development of the pupil's mind, and acquisition of real knowledge.

It seems, however, that occasionally our school authorities and the people are getting alarmed at the want of common sense which characterizes their proceedings, and laudable efforts are made to change a state of things, for which there is really no excuse.

At a recent meeting of the Board of School Controllers of this city, the question of introducing physical exercise in our schools was introduced.

A Committee reported "That in their judgment, after due consideration, the best and most economical and most practical method is that which instructs a sufficient number of teachers, not only in the mere exercise of light gymnastics and calisthenics, but also in the theory and principles of their application, so as to produce the most healthful results. The committee therefore suggest that a sufficient number of teachers—in all not more that one from each grammar-school in the district—shall be reported by the several boards for a course of instruction; that those so selected by the several boards shall be divided into two classes—one from the northern part and the other from the southern part of the city—which classes should be under the tuition of the gymnasts signing the communication, and upon the terms stated.

"The committee believes that with one competent instructor in each grammar-school, such exercises may be successfully introduced as may be adapted to the grades of the respective schools and the ages of the pupils; and further, that those teachers instructed on the plan reported, will soon themselves be able to impart information to the other teachers, and thus, before long, the teachers generally will able to take charge of their respective classes. The expense of instructing the teachers will not exceed the sum of $3,000, and the cost of the appliances will not exceed $3,000, or seventy cents per pupil, and the outlay will not be renewed annually. It may not exceed $1,000 annually. The expense is so small that in reason it cannot be objected to.

"The two High Schools are to be considered in introducing physical exercises; and the respective committees should appoint suitable teachers from those schools, to be instructed with others, for thus the many graduates who come from those institutions will be duly prepared to carry out the system when they may hold the position of teacher.

"The committee reports the following resolutions, and ask their adoption:

"*Resolved*, That the Committee on Estimates for 1866, be directed to include in the annual estimate the sum of $7,500, for introducing physical exercises into our schools.

"*Resolved*, That a copy of this report and these resolutions be forwarded to Councils, with the request that the Board be authorized to expend $4,000, payable out of the appropriation of 1866, so as to enable teachers to be instructed, and be ready to teach by the 1st of January, 1866."

Attached to the report is a communication from Dr. Wm. Jansen, and from Messrs. Hillebbrand and Lewis, offering to teach a class of two hundred at ten dollars each, for twenty-four lessons each, of an hour and a half or of two hours duration, once a week. They guarantee to teach the class to such proficiency that they will be able to impart instruction by the first of January, 1866.

These resolutions were passed—not however without some opposition. One of the members of the Board was afraid that too many new things were being introduced, and the scholars would be crowded in their studies. That was a very weak objection; for every minute devoted to physical exercise during school hours, to a little stretching of arms and legs, and a few good pulls of air into the lungs, is really taking some of the pressure off the scholars' over-crowded brain. If we persist in making hot-houses of our childrens' brains, let us be a little merciful, and give them whatever short intervals of physical exercise we can. They will thank us for it, not only in words, but by learning and studying more cheerfully, and to better advantage, and by a little more bloom in their faces, and brighter eyes.

And how necessary this step taken by the Board in reality is, we learn from the discussion on the resolutions. One member did not know where the teaching was going to be held, as there was *no room in the schools for exercising gymnastics*, when another member explained that the exercises proposed could be taught in *the aisles of the school;* it was not intended to erect gymnasiums. Of course not. We cannot afford to let our children have room to play. We would rather let future generations pay, in scrofulous diseases, in weak-limbed, sallow, nervous, feeble prematurely old men and women, a debt which we contract by sheer negligence, and an almost criminal disregard for the physical welfare of our children.

Meanwhile this action of the Board of Controllors promises hope at least, that at some future day the people and its constituted authorities will appreciate the importance of physical training of the young, and secure to them its full advantages, as a regular part of, and means to facilitate the regular course of instruction.

Notes and Comments.

Medical Jurisprudence.

We notice in the announcement of the Cleveland Charity Hospital Medical College, that the chair of legal medicine is entrusted to a *lawyer*, who, for all we know, may be a most excellent member of *his* profession. But is it possible that no physician can be found to fill that chair? Or is it supposed by the authorities of that school, that a lawer can really teach medical jurisprudence—a science which demands the highest attainments of chemical, anatomical, physiological and pathological knowledge?

Cholera.

From the latest European news it appears that the Cholera is on the increase at Marseilles, and that a considerable panic exists there.

Will the municipal authorities throughout the country begin with the good work of removing all nuisances in the shape of filthy streets, unclean sewers, and defective drainage? If done in time, it will save thousands of lives, probably, should the epidemic reach us.

Correspondence.

DOMESTIC.

Poisonous Effects of Petroleum (Benzole) Gas.

Editor Med. and Surgical Reporter:

My attention has just been directed to an article in the last number of your very interesting Reporter, signed "Student," giving a short history of some cases originating in the oil regions, which to me are quite interesting, as we have a great deal of this kind of difficulty to contend with in this city and vicinity. We are about fifty miles from the land that flows with "Oil," and I have noticed, since its discovery, that the

greater portion of our cases of fever originated in the oil country. The accommodations and comforts for the sick are so limited in the greater portion of the oil country, that as soon as they begin to feel indisposed, they flee for refuge; consequently, the majority of cases originating there, are scattered from East to West, and I am of the opinion that this fact accounts for so many cases of what is called typhoid fever throughout the States at the present time. I have practised medicine in Erie county for the last fifteen years, and am certain that, since the development of oil, our cases of low fever have more than doubled, and are of a very different character. I know they are generally denominated typhoid fever. but I think they differ in some respects from that. There is more irritation of the mucous membranes of the stomach and bowels, producing vomiting, diarrhœa, etc.

A majority of the cases are easily managed and terminate favorably, but occasionally a case occurs which seems stamped with fatality from the onset. I have observed in some of these malignant cases, that the patient would be covered with petechial spots closely allied to the "Spotted Fever" that we meet with occasionally. Another peculiarity of this disease is, in at least one-half of the cases, there is well developed pneumonia of one or both lungs.

Now, there is no doubt in my mind but what the gas produced in the procuring, handling, and refining the petroleum, is a great source of this low form of fever, and now, while I am writing, I am credibly informed, that at Pithole, a place claiming 10,000 inhabitants, (which, by the way, has only been in existence three months, an unparalleled growth) there are 800 sick, and nearly all the cases are of this same form of disease. In this region there have been more wells sunk than in any other on the same space of ground, and, of course, more gas has escaped and pervaded that region. In Titusville, Shafen, and Oil City, I am informed, there is a good deal of this same sickness, showing to our conclusion, that the gas from carbon oil acts as a poison on the human system. I should be happy to hear from the profession upon this subject.

H. A. Spencer.

Erie, Pa., Sept. 25th, 1865.

A New Periodical has just appeared in Germany, conducted by Man Schultze, of Boorn, entitled *Archives of Microscopical Anatomy.*

The Surgical Society of Paris has been authorized to assume the title of "*Imperial!*" *Cui bono?*

News and Miscellany.

Pension Examining Surgeons.

The following appointments have been made by the Commissioner of Pensions:

Vermont—Gales B. Bullard, St. Johnsbury.

Indiana—Geo. A. Torbet, Cannellton.

Tennessee—J. C. Cawood, Dandridge.

Preventive Hygiene.

The Exeter Town Council have divided their body into committees, with the view of making a house-to-house visitation, for the purpose of inspecting the drainage, and promoting the ventilation and cleansing of the dwellings in the various streets and lanes of the city.—*Brit. Med. Journal.*

New Medical Journals.

Two new medical periodicals have appeared in Italy: *L'Unio de Medica,* published at Reggio, in Calabria, and *La Salute.*

How to Preserve Vaccine.

Dr. D. Prince, of Jacksonville, Ill., recommends, in the *Chicago Med. Journal,* the following method:

"Fill a one or two ounce wide-mouthed bottle half full of freshly exsicated alumn, upon which place the vaccine scab, enveloped in paper; cork and seal with good sealing-wax. The exsicated alum has a very strong affinity for water, and by this means the scab will be kept dry, the indispensable requisite for its preservation."

Diminution of Respiratory Activity.

M. Edward Robin has brought a curious speculation before the Academie des Sciences—viz., the possibility of diminishing the activity of respiration without diminishing the quantity of air entering the circulation. This he professes to accomplish by the administration of large quantities of coffee, or anti-putrid substances, (as tar-water, or even an "arsenical alimentation," etc.,) which by their combinations with proteic matters give rise to compounds which are not destructible by oxygen in the moist state. In this way the rapidity of consumption is diminished without injury to the animal economy, and the matters in circulation resisting for a long period, they produce a condition similar to that in which are the inhabitants of warm countries, who are so remarkable for the little aliment they require, and the abstinence they can endure; or the still more remarkable conditions in these respects of animals of variable temperature. This method, the author considers, is capable of the following applications:—1. As a means of diminishing the urgency of respiration so as to render anæsthesia less dangerous. 2. The production of artificial hybernation in mammalia. 3. The induction of fattening without the supply of fat or its mate-

rials. 4. The adjustment of alimentation in hot countries, so as to avoid the effects due to difficulty of respiration in the ascent of mountains, descent of mines, etc. 5. The diminution of the inconveniences of insufficient nourishment.

The Sickness of Pregnancy.

We know of no more distressing complaint than the nausea and vomiting of pregnancy—and, although so many "specifics" have been recommended without benefit, yet we always try them as fast as brought to our notice, in the hope that one will really be found. Hence we insert the following, by Dr. Cassells, from the *Lancet:*

In the morning, an hour before rising, let the patient drink about three ounces of very strong hot decoction of coffee, and during the day the food must be liquid, taken in small quantities, and often. If this fails, try in conjunction five drops of tincture of iodine in a teaspoonful of cold water every two hours—highly lauded by Dr. Churchill, I think, at least if my memory serves me; so Dr. J. G. Wilson, of Glasgow, told me, when recommending its use in a case which resisted every other mode of treatment, but which was cured at once by a few doses.

Should everything fail to give relief, and all food taken be instantly rejected, what can be done? Nutriment enemata, very concentrated and frequently used, afford the only chance of quieting the irritable stomach. Such a plan may be used for many weeks, and in my hands has never failed to soothe the irritable stomach and continual nausea. After a period of from three or four days to as many weeks, food may again be very cautiously partaken of, and will in the majority of cases be retained without any troublesome symptoms. I have followed the latter plan of treatment in three or four extreme cases, and had no cause to regret doing so, the patients and children not having suffered any injury; while I am positive one patient at least would have died had she not been kept up by the enemata alone for sixteen days, nothing but a small quantity of ice being swallowed during that time.

MARRIED.

Belden—Orr.—In Whitehall, N. Y., Sept. 5th, by the Rev. L. Kelogg, A. P. Belden, M. D. and Miss Eliza J. Orr. both of this village.

Church—Hudson.—On Tuesday, Sept. 26, at Christ Church, Poughkeepsie, N. Y., by Rev. Dr. G. J. Geer, Allen S. Church, M. D., of New York city, and Caroline, daughter of the late David Hudson, of Geneva, N. Y.

Pray—Hanson.—In Great Falls, N. H, Aug. 16, by Rev. E. N. Hidden, Dr. Ezra Pray, U. S. N., and Martha J., daughter of Mr. Hiram Hanson, of Great Falls.

DIED.

Cooper.—In New York, on Wednesday, Sept. 27, Edwin Osborne, only son of Dr. James S., and Martha Cooper, aged 15 years, 9 months, and 21 days.

Chamberlain.—In Bustleton, Pa., on the 25th ult., Harry, infant son of Dr. G. J., and Sallie Chamberlain, aged 15 days.

Clarke.—On Tuesday, Sept. 26, in New York, Mrs. Maria Clarke, relict of the late Dr. Peter Clarke, in the 87th year of her age.

Gilman.—Suddenly, on Tuesday, Sept 26, at Middletown, Conn., Chandler R. Gilman, M. D., late of New York.

Griffiths.—Suddenly, by accident, C. G. M. Griffiths, M. D., late Surgeon United States Hospital, Chester, Pa., aged 32 years.

McComb.—On Wednesday, June 14, on his way from Shanghai, China, to Japan, David W. McComb, eldest son of Dr. John R. and Margaret S. McComb, of New York.

ANSWERS TO CORRESPONDENTS.

Dr. D. C. G., Polk, Pa.—Budd on the Liver, sent by mail, Oct. 2d.

Dr. W. McK., Mount Hope, Ohio.—One set of obstetric Instruments, sent by Express, Sept. 9th.

Dr. D. H. McCord, Centralia, Ill.—Physician's Medicine Chest, sent Sept 30th.

American Medical Association.

In consequence of the expense of the publication of Vol. XVI. (1865) of the Transactions, the Committee of Publication have fixed the price at five dollars ($5). Members who have already paid three dollars ($3), are requested immediately to forward the additional sum, ($2.) As the number of copies published will be but slightly in excess of the number of subscriptions, those who desire copies should immediately forward the amount either to the Treasurer, Dr. C. Wister, 1303 Arch street. or to

Wm. B. Atkinson, Permanent Secretary.
215 Spruce st., Philadelphia.

Sept. 18, 1865.

METEOROLOGY.

September	25,	26,	27,	28,	29,	30.	O 1.
Wind	S. W.	N. W.	N. W.	W.	S. W.	W.	W.
Weather	Cl'dy, Sh'ry.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain	3-10						
Thermometer.							
Minimum	63°	54°	49°	47°	48°	53°	55°
At 8 A. M.	69	63	59	59	60	56	65
At 12 M.	75	67	65	69	70	70	69
At 3 P. M.	76	69	67	68	71	69	67
Mean	70 75	63 25	60.	60.75	62	62	64.
Barometer.							
At 12 M.	30.	30.2	30 5	30.4	30 2	30.	29.9

Germantown, Pa. B. J. Leedom.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
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☞ *We are in pressing need just now of a few copies for new subscribers,* of No. 414, Feb. 4, 1865.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

SURGICAL CONTRIBUTIONS.

By Louis Bauer, M. D.

Of Brooklyn, N. Y.

1.

Stricture of the Rectum.—Operation.—Death within Thirty-eight hours.—Autopsy.—Comments, etc.

This case concerned an elderly, but prematurely decrepit, feeble, and attenuated lady. For years she had suffered from constipation of the bowels, and been in constant need of aperients. During the last two years that complaint had become more intractable and painful, and a copious blennorrhæic discharge had been superadded, with casual loss of blood. For a long time she had not had properly formed passages, and in fact not been able to pass anything but fluids.

What the symptoms had already indicated, manual exploration disclosed, viz., a very close stricture about one inch and a half above the anus. The existing obstruction seemed to be of membranous texture; at any rate, there was less induration than might have been expected from the presumptive duration of the trouble. The stricture formed, as it were, a kind of perforated diaphragm, of sufficient closeness to effectually prevent solid passages, the parts being tender, the sphincter irritable, and the lining covered with muco-purulent secretion. There seemed to be no other cause for her early decay than the continuous drain upon her system by purgatives and morbid discharges from the gut.

The stricture constituted obviously but the lesser part of the malady; its removal was, however, of such importance as to admit of no delay. The operation, thus necessitated, was performed a few days later, in a very simple manner. Assisted by Drs. Whaley and Willets, the patient being under chloroform, I divided by superficial incisions the stricture, until I could easily pass the oiled finger and my dilator. However, dilation itself was not attempted. After having injected the rectum with warm water, in order to clear the same of fæces and blood, the patient was comfortably bedded.

A few hours afterward, the patient complained of great distress and pain in the abdomen, which was somewhat tender on touch. Since the reaction from chloroform, she had continually vomited and been very restless. Peritonitis had evidently set in from unknown causes. The prognosis was exceedingly dubious, from the previous condition of the patient; and the free use of opium per enemata proved unserviceable. The patient expired within thirty-eight hours after the operation.

Fortunately, an autopsy was conceded, which elicited the following morbid conditions: Firstly, a moderate inflammation of the peritoneum, centering about the hypogastric region. Secondly, a serous effusion of about one pint and a half within the abdominal cavity, emitting the unmistakeable odor of opium. Thirdly, the entire rectum surrounded by a fat layer not less than a third of an inch in thickness. The said fat layer terminated abruptly at the sigmoid flexure, and there all disease of the large intestine disappeared. About nine inches from the anus, in the antero-lateral aspect of the gut, there was a stellated perforation of sufficient size to pass an ordinary penholder from the abdominal cavity into the intestine. The calibre of the latter had been reduced to half its normal size, that is to say, to a diameter of not quite an inch, and the internal surface was covered with ulcerations, varying in size from that of a pin-head to that of a five-cent piece. Some of these ulcerations were very superficial, others penetrated the mucous membrane, still others went into and through the muscular coat, and a few of the largest ulcers reached to the peritoneal covering. The rest of the mucous membrane presented a gelatinous appearance, was thickened and softened.

Comments.

The cause of death was rendered transparent by the autopsy. The question arises, what produced the perforation? The operation itself had certainly nothing to do with the fatal termination of the case, for, be it remembered, that the stricture was in close proximity to the anus, and that

neither the knife (a blunt-pointed tenotome of Bouvier) nor the finger, nor the dilator, were introduced much beyond the stricture, and that neither of them had length enough to reach the seat of perforation. From the pathological condition of the rectum, it seems plausible to me that the perforation was effected by the hydraulic pressure of the first injection, and the odor of opium in the abdominal cavity seems to render this opinion conclusive.

The present case demonstrates pretty clearly the fact that the chief disease consisted of general ulceration of the mucous lining of the rectum, and that the stricture was a mere incidental complication. I believe that this is the rule, and by no means an exception. Hence, it follows that a removal of the stricture does not relieve the main trouble.

During the last few years, I have successively operated upon and treated twenty cases of stricture of the gut. I have, with the exception of the present case, in all succeeded in overcoming the mechanical obstructions by the same plan, but in none have I effected a cure. All the patients thus treated are still alive; some of them having improved in weight and appearance since the operation, but all of them still suffer more or less from muco-purulent discharges. There is scarcely any remedy recommended, which I have not tried, but found wanting. Cold and warm water; injections with mucilage, the acetate of lead, sulphates of zinc and copper, iodine, iron, and vegetable astringents, have equally disappointed me. Three of my patients had previously been infected with syphilis, and presented still some consecutive symptoms of that disease, but even the anti-syphilitic treatment made no impression upon the local trouble.

My literary researches in both pathological anatomy and surgery have satisfied me that the so-called simple or fibrous structures of the rectum have not come within the scope of scientific and practical investigation, and that we have yet to learn more about them. Prof. Gross admits candidly that he has seen but few cases of this class, and suspects that our ignorance of the same is perpetuated by one writer copying from the other. Under these circumstances a few suggestions will not be found out of place.

Some time ago, I introduced to the attention of the profession a new dilator, which will be remembered by the readers of this journal. It is constructed after the plan of Michelena's instrument for the stricture of the urethra, which possesses an eccentric action. Since then, I have learned that a similar instrument had been previously constructed by Armstrong. Inasmuch as I have never claimed originality of invention, I cannot be charged with plagiarism.

Those who have carefully considered the pathological condition of the rectum in the present instance, though perhaps an extreme case, will readily concede that the so-called rectal bougies are inefficient, inappropriate, and dangerous in their application, and infinitely inferior to eccentric dilators.

A few erratic articles on stricture of the rectum in English and German journals, and some hand-books on surgery, mention the fact that rectal strictures are often found to be complicated with fistula in ano. Some writers presume, and I myself have entertained the view, that these fistulous tracts are produced by the strictures. Consistent with this view, they ascribe to the rectum an hour-glass form, with a large superior bagging. More experience on the subject has convinced me that the idea is erroneous. It is correct that almost all strictures of the rectum are coupled with fistula in ano, with abscesses in the perinæum and about the fundament, and in one case I observed a recto-vaginal communication. It has appeared singular to me that the dividing of the sphincter and the operation of the stricture did but rarely succeed in permanently closing the fistula in ano. In one instance, previous to the operation there had been a large abscess in the immediate neighborhood of the anus, which was promptly and freely opened, and subsequently treated as fistula in ano. Since then, three more abscesses have formed at a more remote part of the fundament, whose openings, conjointly with the former one, have converted the anus into a complete cloaque, which is still discharging, and has been for the last eighteen months. It must, therefore, be inferred that these fistulæ and abscesses form, irrespective of the simultaneously or previously existing stricture of the rectum, and I believe that the anatomical specimen described is well calculated to throw light upon this subject. Here we find numerous ulcerations that perforate more or less perfectly the walls of the rectum. In the same ratio as the destructive process advances, nature surrounds the gut with an adventitious sheath of adipose tissue for protection. Not unlikely the passages influence the perforations to establish fistulous tracts downward and between the rectum and its adventitious tissue, which eventuate into fistulæ and abscesses at the fundament. This seems to be the rule, for I do not remember of ever having heard of spontaneous perforations into the abdo-

minal cavity. With this very mechanism rests the intractability of such cases.

As obscure as the pathology has been heretofore, as impenetrable is the causation. Some authors link the ulceration of the rectum with catarrhal inflammations and dysentery. I have not been able to establish that causal connection in one of my cases. During the war, many cases of chronic diarrhœa have come under my observation, yet I do not remember having seen one in which it had eventuated in fistulous tracts along the wall of the rectum. Rokitanski speaks of a strictly local follicular inflammation and ulceration of the rectum, the causes of which he does not distinctly state. That pathology underlies perhaps the cases in question, but we evidently know too little to prevent its destructive phases. This much is certain, that obstinate constipation of the bowels precedes the malady, and in return is increased thereby. The most surprising thing in these cases is their duration. Most of them last for years, and one had existed thirteen years when I took it in hand. The patients are, of course, materially weakened and attenuated thereby, but still not to such an extent as the amount of substantial loss in mucus, pus, and blood should lead us to expect.

Hospital Reports.

Jefferson Medical College, *December.*

Surgical Clinic of Prof. Gross.

Reported by W. W. Keen, Jr., M. D.

Naevus—Upper Lip.

Dec. 4th. Harriet C., æt. 12 months, had a congenital tumor on the upper lip, which was flat and small, but which has since grown rapidly. It is now of the size of a quarter of a dollar; thick and elevated, and somewhat everted. The skin is sound, but it is so vascular that it throbs under the finger perceptibly. It is of a purple color. It frequently breaks, and then bleeds quite profusely.

I operated by passing a double ligature through the centre, and ligating it firmly on both sides.

21st. A portion of the tumor having remained by slipping from the ligature, I operated on it a second time. It was only a small rim bordering the upper lip.

Cheiloplastic Operation.

Dec. 4th. Ellwood K., æt. 14. Five years ago was sick with typhoid fever, for nearly a year. Five weeks after he was taken sick the mercury began to show its effects on his lip, and now on the right side, involving both lips, but especially on the upper one is an opening, of the size of a 25 cent piece, surrounded by an indurated margin. I first pared off the indurated margin, and then took a flap from the cheek, laid it in place, and approximated completely the edges of the wound made by the removal of the flap. I gave him morphia, gr. ¼, dressed the wound by narrow adhesive strips, and pieces of lint, moistened by olive oil.

6th. Some little erysipelas appeared to-day, but it yielded readily to a good purge by magnes. citras, and the application of iodine, diluted to one-half with alcohol.

10th. It has almost entirely healed by the first intention.

17th. Went home, the flap having united by the first intention; the gap left by its removal by the second, and cicatrization there being almost complete.

28th. Entirely healed. The flap bulges out considerably, and the right corner of the mouth needs paring hereafter.

March 1st. The flap is much decreased in thickness, and is nearly natural at present. The lower cicatrix is, however, assuming a keloid appearance. The corner of the mouth has not yet been pared.

Keloid Tumor.

Dec. 7th. Wm. N. S., æt. 18. He had two years ago a carbuncle over the second rib, on the right side anteriorly. He has fever and a stinging pain, but his general health is good. The tumor is about 1½ inches long, and ½ an inch wide. It is of a reddish color, hard and movable.

I removed it by the knife, and dressed it by the wire suture and adhesive strips.

14th. Some of the sutures tore out, and it is healing by the granulating process at these points.

21st. Almost all cicatrized.

28th. Discharged healed.

Caries from and with Rheumatism.

Dec. 14th. Jacob L., æt. 32. More than a year ago the swelling in the right hand and wrist began in the forefinger, without any assignable cause. He never had an injury or syphilis. It began with pain in the joints and swelling, which has extended up to just above the wrist to a marked extent. He is a large plethoric German. His general health is good. He has no pain in the elbow or shoulder. The hand and wrist are painful in changeable weather, but still he generally sleeps well. There is motion laterally; complete flexion, but extension only to a straight line with the forearm. Anteriorly on the radial

side of the wrist there is an opening, the seat of a thin watery discharge. On probing, the probe passed well down, probably into the joint, but there was no dead bone felt.

I dieted him well, forbidding meat, liquors of all kinds, etc., kept him in the house, bled him freely, and gave—

℞. Pil. hydrarg.,
Ext. colocynth. comp.,
Pulv. jalapæ, āā gr. iv.
Ipecac., gr. ij. M.

every second day.

Also,

℞. Vin. colchici, f.ʒj.
Morphiæ sulph., gr. ¼. M.

every night.

And also,

℞. Plumbi acet., ʒij.
Opii pulv., ʒij. M.

S. Add a gallon of water, and apply by flannel cloths.

21st. There is less discharge, swelling and pain. He sleeps wells at night. Placed the arm on a splint, and ordered the treatment to be continued.

Ununited Fracture—Tibia.

Dec. 14th. David K., æt. 21. On July 5th, both bones of the left leg were broken at the middle, by being run over by a wagon. The fracture was evidently obliquely downward and forward, and with sharp edges in the tibia, but it was not a compound fracture. The end of the upper fragment is still sharp. The fibula has reunited firmly, but the tibia only by fibrous matter, making a quite movable false joint.

I made two incisions, or rather punctures, on the anterior surface, directly into the fibrous tissues, with a bistoury, and drove into them two ivory pegs.

21st. The pegs have excited some inflammation, but no pain. Applied a straight external splint, reaching up to the thigh.

28th. Still the inflammation is kept up. Removed one peg, which was loose; bandaged the whole leg, which was a little swelled, especially at the ankle, and re-applied the splint.

Jan. 10th. But little inflammation; the other peg removed, and the limb bandaged every day, after continued friction.

21st. Dismissed from the hospital, with considerable union of the fragments.

Tumor—on the Side.

Dec. 18th. Catherine B., æt. 26. Her health is not good, appetite is poor, pulse frequent, tongue coated. She has a tumor on the right side, some four or six inches square, or nearly so, which arose without any assignable cause, five months ago. The tumor is very hard, preternaturally hot, and is the seat of pain, especially on walking, the pain being sharp and lancinating. She sleeps poorly, and when lying on the right side, the tumor feels as if a knife were thrust in it. It is probably an hypertrophy, and union of several of the lower ribs. I purged her, ordered a blister five by five over the spot, and gave her tinct. ferri chlorid. gtt. xx, thrice daily.

28th. She is far better. The swelling and hardness and size are all diminished, and she is also better in health, with better appetite and sleep.

I continued the treatment.

Tumor on the Head.—Hypertrophy of the Bones.

Dec. 18th. Catherine L., æt. 25, has a tumor on the top of her head, a little to the left of the median line, about the centre of the head. It arose about three years ago, without any assignable cause. She has never had any lymphatic glandular swellings, nor syphilitic blotches. The tumor swells up evenly, with a smooth surface, from the bones, and is say as large as a silver dollar, and about three-quarters or one inch high. It has doubled in size within a year. She has no pain in it, but on tapping it there is pain. For a week past headache over the left eye has been troubling her, especially in the morning. Her memory, mind, enjoyment—all her mental faculties are unimpaired. I diagnosticated a probable hypertrophy of the bones, and proposed to use tentatively the following:

℞. Potassii iodidi, gr. x.
Hydrarg. chlor. corros., gr. 1-10. M.

three times daily.

I also purged her, and applied the ointment of the iodide of lead.

Spasm of the Sterno-Cleido Muscle.

Dec. 21st. Mrs. Sarah R., æt. 52, for the last fifteen years has been troubled by the movements of the head. It turns to the left with great and sudden twitching and some slight movements, as in chorea. In using a sewing machine, as she does, to obtain a living, she requires a rest for head, and ordinarily she supports the head by the hand. She is in excellent health, but was formerly poorly. She has some slight pain on the left side of the neck. The sterno-cleido of the right side springs out in contraction, and is evidently the cause. I divided the muscle almost entirely about the middle, taking care of the jugular veins, ext. and int., and also the sternal origin somewhat lower down. The division being effected, she was able to turn the head to the right immediately, and to hold it there also for some time. The cure is almost effected.

28th. The spasm has returned to some extent in the uncut fibres, and there is considerable discoloration by reason of the effused blood. I cut the remaining fibres lower down.

Cartilage formed in the Knee-Joint.

Dec. 28th. Noah C., æt. 20, carpenter. Three years ago his left knee began to pain him greatly, and to swell, without any assignable cause. The swelling was especially great on each side of the patella. One month ago he first felt a movable foreign body in the joint, which would come out on one side or the other of the patella, or stay in behind it, according to circumstances, and sometimes on jumping out to one side of the patella it would throw him down. On examining it the ligamentum patellæ is relaxed, and in extending the leg that bone stands out prominently, so that one can get the finger behind it. There is a foreign substance in the joint as large as an almond, perfectly movable, and slippery as an eel, making it difficult to fix it at any one point. On moving the patella there is grating as of plastic matter. There is no discoloration of the skin, no impairment of the general health, and no constant impairment of motion in the limb.

I made a valvular incision in the skin four inches above the patella, and formed a canal into which I tried to pull the body by bullet forceps, and to force it into it by pressure from behind, but I could only just get it into the beginning of the canal. I then placed a compress behind it to separate it from the knee-joint, and encircled the limb with a bandage all the way from the foot, and secured it on a double inclined plane. I gave him at night—he had no pain in it up to that time—morphia, gr. $\frac{1}{2}$, and he slept well.

31st. He had no pain. I dieted him; left the bandage on, and gave no medicine, and he seemed to be doing well.

Jan. 2d. Opened his bowels by a mild purgative, (magnes. cit.).

18th. Removed the bandage for the first time since the operation, and found the knee-joint in a good condition, without inflammation. The cartilage was at the top of the canal formed in the operation, and somewhat smaller than at first. The limb was bandaged from the foot up, and he was allowed to walk somewhat, with the assistance of crutches.

29th. Discharged much improved: the knee being stronger. with some fluid still in it, and the cartilage still diminishing. Regulated friction was ordered while at home.

(March 20th. I heard from him by letter. Some fluid still left, and the tumor steadily diminishing. He walks with a cane. W. W. K., Jr.)

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D., Recording Secretary.)

Wednesday evening, Sept. 13th, 1865.

SUBJECT FOR DISCUSSION—TYPHUS FEVER.

Dr. D. Francis Condie opened the debate by the following remarks:

By the term typhus fever I would designate a fever of a continued type, characterized by a general prostration or torpor of the vital and intellectual functions; a stupid expression of countenance, coma, low muttering delirium, with petechiæ, and all the evidences of a tendency to a dissolution of the blood, or a loss of its plastic power.

In the greater number of cases the onset of the fever is preceded, for a shorter or longer period, by a feeling of soreness or of weariness in the back and limbs; a general sense of uneasiness, great restlessness; a feeling of tightness, weight or oppression at the epigastrium; fatigue after slight exertion; depression or unevenness of spirits; deficient appetite, sometimes nausea; disturbed sleep or wakefulness. The occurrence of the fever is usually marked by a sense of chilliness; an increase of debility, pain, often severe, of the head, back, loins, or lower extremities—or of one or other, or of several of these parts. In a few cases there is nausea, in still fewer, vomiting. This initiatory or premonitory stage may be of but little intensity, and of short duration; or it may be peculiarly severe and protracted; the skin becoming cool and pallid; the features shrunken and anxious; the pulse very feeble and frequent, sometimes irregular, with a general sense of oppression and sinking. Death may occur in this first or initiatory stage, with only a slight ineffectual effort at reaction, or none at all. In general, however, sooner or later, in different cases, alternations of heat and chilliness, several times repeated, are experienced, after which febrile reaction becomes permanently established. We have now the ordinary phenomena of fever, which constantly increases in intensity. The surface of the body is uniformly hot and parched. The heat of the skin, causing in the hand applied to the patient's surface a sense, not merely of heat, but of acridity, of pungency, continuing some minutes after the hand is removed. The calor mordax of the older writers. The pulse is very frequent, feeble, compressible. In the commencement of febrile reaction, in some few cases, the pulse has been known to be full, and hav-

ing an appearance even of strength; it will be found, however, to be without tension or actual strength, and to yield readily to the pressure of the finger. Respiration is very frequent. It is found by auscultation to be feeble and imperfect below the inferior margin of the scapulæ, where there is also detected upon percussion, a certain amount of dulness. The tongue, at first, is usually moist, with a slight coating of a whitish or yellowish-white color. The tongue, however, soon becomes dry, and dark-brown, especially, in a broad streak, along its centre. In some cases the tongue becomes smooth and glossy, while, in others, it assumes an appearance as of raw beef. In most cases there is pain over the brows. The face has a dark-red or dusky hue, which increases in intensity as the disease progresses; in severe cases the face becoming even of a purplish or livid hue. The eyes are injected, and have commonly a turbid, lack-lustre, maudlin expression. The mind is sluggish, torpid, and somewhat confused. Injection of the nares, mouth and fauces is not unfrequent. Occasionally epistaxis occurs. There is a loss of appetite, sometimes nausea; less often vomiting; the bowels are costive, and when stools are procured, these are dark-colored, and for the most part offensive. The urine is generally scanty. In most cases, a very peculiar, disagreeable odor is given off by the body of the patient.

The febrile symptoms have generally an exacerbation toward or during the night, with a remission each morning.

Between the sixth and ninth day of the disease, sometimes a little later, sometimes a little earlier, there appear on different portions of the surface, or diffused over it generally, spots, varying in size, from a mere speck to even half of an inch in diameter; of a dark-red color, level with the surface of the skin, and only partially, or not all disappearing upon pressure. They are true petechiæ, and acquire often, especially in severe cases, a violet, purplish, or even black hue. In some, but very rare cases, petechiæ are absent, or only few in number. They have been known to fade or disappear entirely for a period, and then to re-appear as before. Sudamina are often present, even in cases in which petechiæ are few in number, or entirely absent. In many cases the entire surface of the patient becomes, in the course of the disease, exquisitively sensitive; the slightest touch is productive of suffering, and causes the patient to shrink on any one's approach, in apprehension of its renewal. The other symptoms most commonly present at this stage of the disease, are dizziness, confusion of vision, ringing or humming in the ears, with dulness of hearing. There is increased stupor, an apathy of countenance and demeanor; there are occasionally paroxysms of mild—low muttering—transient, or continued delirium, sleeplessness, or disturbed sleep; occasionally there is jactitation, with twitchings of the muscles; most commonly an accumulation of dark-colored sordes takes place about the tongue, gums, teeth, and lips. In some cases discharges of dark-colored blood occur from the bowels. The prostration and helplessness now augment; there is a disposition to faint on the slightest exertion, or even actual syncope occurs; there is often a feeling of intense oppression at the chest, as though suffocation were imminent.

The foregoing symptoms, or a majority of them—more or less strongly marked, constitute what has been termed the second stage of typhus fever, which commonly lasts from five to seven days, or thereabouts. Should no favorable crisis occur, the final stage—that of collapse—ensues.

The patient, in this stage, lies upon his back in a half comatose condition; his eyes partially closed, his mouth open, and from utter prostration, he is found constantly to slide downward toward the foot of the bed. The state of partial coma is sometimes attended with low muttering delirium. There is generally subsultus tendinum, picking at the bed clothes, muscæ volitantes, etc. The patient is now, to a great extent, insensible, or indifferent to external impressions. In some cases there take place spasms of the muscles, almost convulsive in character. Hiccough is not unfrequently present; it is sometimes very violent, and almost continuous. The pupil is either dilated or contracted, or alternately the one and the other. The tongue is usually parched, contracted in breadth, and dark-colored. The entire mouth is loaded with dark-colored sordes; the breath is offensive, deglutition is difficult: occasionally involuntary discharges take place from the bowels. There is, in some cases, suppression of urine. Great insensibility of the surface ensues, with coldness of the extremities, paleness of the skin, and collapse of the features. The respiration and circulation become slower and slower, and finally cease. In a few cases, death is preceded by convulsions.

The indications of a favorable tendency in the disease, during the second stage, are a diminution in the frequency of the pulse, a relaxation of surface; moistening and cleaning of the tongue; fading or disappearance of petechiæ; disposition to natural, refreshing sleep, etc. There not unfrequently occurs early in the second stage, a

copious perspiration, or an increased flow of urine, which is sometimes followed speedily by a marked amelioration in all the prominent symptoms of disease and the settling in of convalescence. At a later period, when recovery takes place, it is very slowly, as the extreme debility of the patient gradually gives way, under the influence of a properly selected and judiciously administered tonic and sustaining treatment. The convalescence from typhus fever, in the great majority of cases, is slow, tedious. It is only by degrees that the various organs resume their normal functions; relapses are extremely rare; the final restoration to health is almost always complete; the patient being left also with a greatly diminished liability to any future attack of the fever. Typhus fever usually runs a protracted course—from 21, 28, 35 to 40 days. In very violent attacks, however, a fatal termination may occur within the first twenty-four hours, previously to the stage of reaction setting in, or, as is frequently the case, death may occur by the fifth or sixth day; more commonly, however, the fatal event occurs between the ninth and twelfth days. In very mild cases, the disease may terminate favorably from the 7th to the 12th, or 14th days; but in other cases, not until after the 21st or 28th day, or even later. In some very malignant cases, collapse has been known to set in early, attended by a marked tendency to dissolution of the blood, indicated by passive hemorrhages, large petechiæ, or vibices of a dark, livid, or purplish hue; fetid breath, disposition to the formation of gangrenous eschars from slight injuries; extreme prostration of strength; small fluttering pulse, etc.

We have thus given a general outline of the more prominent symptoms and usual course of typhus fever. In both its symptoms and course, however, it may, to a certain extent, be modified by the intercurrence of other diseases, or by the presence of some malady in the individual when attacked by the fever. The most common of the diseases which are liable to complicate typhus fever, are catarrh, pneumonia, diarrhœa, dysentery, erysipelas, typhoid, remittent, and other fevers. While these intercurrent affections produce a modification in the phenomena and march of typhus fever, the latter, in its turn, produces a similar influence upon the affections accidentally associated with it. In typhus fever, there are to be met with after death, no lesion or set of lesions characteristic of the disease, if we except perhaps the dissolved state of the blood which is present in all protracted cases, and the bloody infiltrations so generally associated with it. The blood has the appearance of a very dark syrup. It is little inclined to coagulate, or if coagulæ do occur, they are soft, spongy, exhibiting in some cases the presence of oil globules. There is very generally present venous congestion of the brain and its meninges, with some effusion of serum, often colored with dissolved blood, into the ventricles and beneath the arachnoid. A reddening of the mucous membrane of the nares, fauces, and respiratory tubes is very frequently present. The posterior lower portions of the lungs are often solidified, dark in color, fragile, and impervious to the air. The gastro-enteric mucous membrane is in many cases reddened and softened; sometimes it is mammelonated. The spleen is frequently softened, sometimes enlarged. The liver is also occasionally softened and engorged with blood. Softening of the heart is also sometimes met with. Whenever indications of inflammation occur in any of the organs or tissues, it is invariably an evidence of the complication of the typhus fever with other diseases.

By what is typhus fever produced? A careful collation of the mass of well authenticated facts we possess in relation to the circumstances under which the disease usually occurs, will warrant us, we think, in answering the question just propounded by the declaration that in all cases, typhus fever is produced by a peculiar poison, generated when a number of human beings, especially diseased individuals, are crowded together in small, illy ventilated apartments, with no, or very little attention being paid to personal or domestic cleanliness. We may enumerate as among the most active predisposing agencies, bad or insufficient food, bad water, residence in a damp, malarial locality, the depressing passions generally, over-fatigue, excesses of every kind, cold, etc. etc.

Typhus fever is essentially an endemic; its occurrence is due to a poison dependent on local causes for its production. Destroy the local causes, and there is no longer any of the typhus poison produced; consequently, the possibility of the occurrence of typhus fever is prevented. We read, however, of epidemics of typhus fever. As an epidemic, properly speaking, we do not believe that typhus fever ever prevails. Wide-spread occurrences of typhus fever, with little regard to technical accuracy, have been set down as typhus epidemics. Upon examination, it will be found that such visitations do not depend upon any inscrutable morbific constitution of the atmosphere, but can everywhere be traced to the wide-spread existence of local causes, sufficient to the production of the typhus poison. A certain epidemic influence may, nevertheless, act as an exciting cause of typhus fever: principally,

we suspect, by increasing the power, or calling into action an amount of existing poison too small or inactive, under all ordinary circumstances, to produce the disease.

Typhus fever is unquestionably propagated by infection, that is to say, a poison existing in the air, either at the spot where the poison was generated, or conveyed to a distance, either in infected clothing or in other fomites.

The distinction between infection and contagion is positive and well defined. Contagion is always a direct product of disease, whereas infection may be generated altogether independent of the presence of any kind, degree, or form of disease. Instances may be adduced where typhus fever has been communicated to persons in health, beyond the place in which the disease was generated, by persons coming out of the infected atmosphere, and who were not themselves at the time laboring under the disease. We adduce, as striking instances of this portation of an infectious poison, the circumstances of the communication of typhus fever to the bench and bar at the Oxford Assizes, 1577, and the well known facts that emigrants, not themselves sick, from on board of crowded, filthy, and ill-found vessels, have communicated the fever to those in whose vicinity they came to reside, after landing. Bodies of troops, not laboring under fever, from crowded, filthy, and badly located camps, barracks, and hospitals, have not unfrequently introduced typhus fever into the camps or garrisons, or on board the transport vessels, to which they have been admitted. This portation of an infectious disease will the more certainly take place when the infected are brought into the midst of crowds, and still more so, if the crowded populations they come among are in situations and conditions of a bad sanitary character.

Typhus fever may prevail at all seasons of the year; with us, it is chiefly in winter that it is encountered. This is due to two causes: First, the depressing effect of the cold, and the privations, to the influence of which the poor at this season are subjected; and second, the closing up of the houses to keep out as far as possible, the external cold air, and the huddling together of the inmates in small apartments for the sake of warmth. The first of these causes predisposing the system to the action of the typhus poison, the second facilitating the generation of the poison, and augmenting its virulence.

All ages and both sexes, when equally exposed to the same morbific causes, predisposing and causative, are liable to an attack of typhus fever. The disease, however, is less apt to become developed in infants than in persons of middle and advanced ages. The negro is said to be more liable to the disease than the white. The statement, however, is of doubtful authority.

There would seem to elapse between the time of exposure to the typhus poison and the development of the fever a period of incubation, of from seven to fifteen days. When the poison is strongly developed, in close, filthy, and crowded apartments, in unhealthy neighborhoods, in such as are exposed to its influence, especially if they be particularly predisposed to the action of the poison, the occurrence of the fever is almost immediate, or even death may occur quickly before the appearance of the febrile stage.

What is the nature of typhus fever? If the name blood-disease can, with propriety, be applied to any malady, it most unquestionably can be to typhus fever. An abnormal condition of the blood is almost the only constant lesion detected after death. By the action of the typhus poison, the blood becomes deprived of a part of its vitality, of its plasticity, of its adaptability to stimulate the nervous centres to a healthy performance of their functions. It has been made a question whether the typhous poison acts immediately upon the organic nerves, and by disturbing their action, prevents the formation of healthy blood, endowed with an adequate vitality for the purposes of nutrition and nervous stimulation, or by the poison being absorbed, and becoming mixed with the blood, the healthful properties of the latter are impaired, and by the action upon the nerves of the blood thus vitiated, their normal actions are disturbed, and hæmatosis and nutrition being, in consequence, imperfectly performed, an increased dyscrasis of the blood ensues. Which of these two theories is the most correct, we shall not stop to inquire. The typhoid poison may, it is probable, act in both ways, in some cases. The question is one, however, of little importance. The great fact to be kept in view, is that in every case of typhus fever, we have the most conclusive evidence of a vitiated condition of the blood, and of a derangement of the nervous functions, consisting rather in their depression than in their excitement. These two lesions are sufficient to account for the production of all the symptoms pathognomonic of typhus fever. The evidence which occasionally presents itself in the course of the disease, of the presence of a low form or grade of inflammation, does not in the least invalidate the views we have advanced in relation to the nature of typhus fever. Such inflammation, when it occurs, forms

no essential part of the fever, it is in all cases an accidental complication of the typhus affection.

The prognosis, favorable or unfavorable, in typhus fever, depends in a great measure upon the degree of violence of the symptoms of each case, upon the age and rigor of the patient, his freedom from or tendency to disease, his exemption from any depressing agents, from malaria or infection. A mild attack, youth or middle age, a robust constitution, one that has not been impaired by deficient or bad diet, excessive or intense grief, dissipation, over-fatigue, exposure to foul air, previous disease, etc., are the conditions for a favorable prognosis. The most important circumstance, however, upon which is to be based a hope for the patient's recovery, is the possibility of his prompt removal from the infected atmosphere in which his disease was generated, to a pure healthy locality. Upon such removal, a cure has ensued in cases of typhus fever of a most unpromising character, while without such removal a cure can scarcely be anticipated in even the mildest cases.

We have not time upon the present occasion to enter upon the therapeutical management of typhus fever. The indications are: 1st, to remove the patient from the infected atmosphere in which the disease was contracted, into a pure atmosphere, free from dampness, and of a convenient temperature. This is all important; without it is fulfilled, little hope of recovery need be entertained.

2d. Clean and sufficient clothing. In the earlier stages of the attack, and when the patient's extreme debility does not forbid it, immersion in a warm bath, and a thorough washing of the surface of the body with soap, will be a very judicious measure that will be always followed by good.

3d. To sustain the patient's strength by stimulating, tonic, and sustaining remedies, such as wine, brandy, spirits; such diet as the stomach of the patient will sustain; quinia, ammonia, ether, camphor, serpentaria, etc., administered in doses and intervals adapted to the exigencies of each case.

4th. To reduce the intense heat of the skin, and promote as far as possible a gentle diaphoresis, by sponging the skin with warm water, warm vinegar and water, camphorated vinegar, warm spirits and water, or camphorated spirits, with the administration, internally, of acetate of potassa, or of ammonia, etc.

5th. The combatting of intercurrent symptoms by appropriate remedies, always keeping in mind, however, that the debility under which the patient labors, forbids the use of any remedy which has a tendency still further to reduce his strength.

(*Discussion next week.*)

Editorial Department.

Periscope.

Case of Fracture of the Larynx.

An instance of this very rare accident is related by Prof. Donald Maclean, of Queen's University, Kingston, in the last number of the *Canada Medical Journal:*

A farmer, 32 years of age, while running after a dog, and in the act of throwing a stick at it, tripped and fell forward, striking his neck with great violence against a stump, the height of which was sufficient to prevent his hands from reaching the ground. Making a strong effort, he sprang to his feet and attempted to recover his breath, but he found it impossible to take a full inspiration. On putting his hand to his throat, he discovered that it was much swollen, and that the swelling was extending rapidly upward, over the face and back of the head. At the same time, blood began to flow very freely from his mouth.

On examination by Prof. Maclean, twelve hours after the accident, the thyroid cartilage was found fractured, pomum Adami absent, and crepitus distinct over and above the crepitation of the emphysema, and by pressing on the left ala of the thyroid cartilage, respiration was entirely arrested, and acute pain felt. The attempt to restore the thyroid cartilage to its natural position and form met with but partial success. A bandage was applied firmly around the neck, with the effect of facilitating respiration to some extent, and enemata were ordered, first laxative, and afterward nutritive.

On the third day, Prof. Maclean saw the patient again, much worse, respiration labored and painful, pulse small and irregular, countenance intensely anxious and haggard; had had no sleep since the accident, nor attempted to swallow anything since last visit. Cold clammy sweat. On making the attempt, deglutition was performed with comparative ease; consequently, a mixture of brandy and milk was freely administered, which was followed by rapid improvement. The patient was then removed to Kingston, (June 18th.)

June 19th and 20th, (Tuesday,) a good deal of sleeplessness, otherwise everything going on well. On Tuesday night, he became restless and anxious, difficulty of breathing, and pain in neighborhood of larynx. Walked about the room nearly the whole night, and at daylight on Wednesday morning became suddenly much alarmed by the rapidly increasing dyspnœa. Expressed his conviction that he would live but a few hours.

At 8 P. M., Wednesday, the dyspnœa had become so severe that asphyxia was threatening. Dr. Dickson had become associated with Prof

Maclean in the case. At last a satisfactory view of the fauces and upper part of windpipe were obtained, and the glottis found all but occluded by œdema.

Tracheotomy was at once performed, and saved the patient. The tracheotomy tube was removed on June 29th, and the wound stitched up. He soon commenced to work on his farm, in perfect health.

"Fracture of the cartilages of the larynx is," Prof. Maclean concludes, "extremely rare, still a few well authenticated cases have been recorded by MM. Soddy, Oliver, Marjolin, Plenck, Morgagni, Remer, and Dr. Frank H. Hamilton. In all these cases, the effects of the injury were either so slight as to require no surgical interference, or else so serious as to be fatal. Dr. Hamilton's case is, so far as I am aware, the only one in which tracheotomy was performed; in this and in several other respects, the most striking resemblance will be observed between that case and the one I have just described.

"The principal difference between the two cases consist in the fact that Dr. Hamilton's case died of exhaustion, seventy-two hours after the accident, and thirty-four hours after the operation."

L.

Arsenic.

The *Abeille Médicale* contains an interesting article on the medical appliances of this deadly poison. The author, Dr. Papillon, of Saujon, Charante-Inferieure, maintains, in allusion to a paper by Dr. Wahn, addressed to the Academy of Medicine and advocating the same views, that arsenic, instead of being a debilitating drug, is on the contrary a strengthener, and one of the best remedies in case of cachexy in marshy districts, king's evil, lymphatism, chlorosis, and even consumption.

Against this opinion there is an experiment of Dr. Briquet's, which consists in measuring the pressure of arterial blood after an arsenical injection into the veins. As the pressure appears to diminish, Dr. Briquet infers therefrom that arsenic exercises a depressing influence on the animal economy. But to this our author replies that any drug whatever, even iron, the greatest strengthener known, will cause weakness, and even death when so misapplied against the laws of nature. On the other hand, he contends that he has seen pale, sallow, weak, and thin patients use iron, vegetable tonics, and cod liver oil for months and years without the slightest benefit; and those same patients acquire appetite, strength, flesh, and a healthy complexion on taking daily doses of a few milligrams of arsenic. He denies that arsenic may momentarily act as a stimulant, though when absorbed it ultimately debilitates: and declares that he has caused arsenic to be taken daily for years together, and always found it induce regularity in the nutritive functions.

He adds that he has himself, for the last five or six years, been taking a daily dose of two milligrams of arseniate of antimony, and that to this practice he not only attributes the cessation of palpitations of the heart with which he was afflicted, and which prevented his sleeping on his left side, but also a considerable improvement in his general health, and the disapearance of violent headaches which he used to have once a week for twenty-four hours at a time. Dr. Devergie, he further observes, has admitted the tonic qualities of arsenic, but only in the beginning: a continual use of this remedy, according to this practitioner, induces debility. To this Dr. Papillon replies that arsenic is generally administered under the form of Fowler's drops, or of Asiatic pills, with variable proportions of arsenious acid, the doses increasing progressively. In this way the body gradually receives more arsenic than is necessary, and it then of course acts like every other tonic, which by excess loses its strengthening power, and becomes debilitating; but the dose of two milligrams may be continued with impunity for any number of years without any other effect but that of stimulating and renovating the vital powers.

The Non-Transmission of Syphilis by Vaccination,

Is the title of a paper by Professor W. Boeck of Christiana, a translation of which was read at the late meeting of the British Medical Association. The following outline of it we find in the *British Medical Journal.*

In it the author stated that he had most carefully examined the question, whether syphilis could be transmitted by vaccination; and had been unable to find any evidence in favor of such transmission either in published records or from experiments performed by himself. He related instances in which he had vaccinated syphilitic children, and had endeavored, but without producing any result, to inoculate with the matter obtained from them two patients suffering from elephantiasis. He considered that no doubt should be thrown on vaccination unless on the most convincing evidence; and, while he did not deny that syphilis might be transmitted by vaccine matter, he must withhold his belief that such an event could occur until he saw it. The facilities for observation were great in Norway; but the transmission of syphilis by vaccination had never there been observed.

Bee-Bread as a Diuretic.

Dr. James S. Whitmire of Metamora, Ill., gives, in the *Chicago Med. Examiner*, his experience with bee-bread as a diuretic. He selected some of the oldest comb, containing the greatest quantity of the bread, and separated it from the honey and comb; abstaining a week from honey and with the renal secretion in a normal state, he partook of the bread without the honey to the extent of ʒj., three times per day, continuing the experiment for a week. The amount of urine voided was from four to six fluid pounds per day, the difference being the greatest when exercising out-doors. When remaining quiet, in a warm office, there was from one to one and a half pounds less secretion than when exercising. In children the same effect was produced. The only disagreeable symptoms, following the use of the article, are a slight degree of flatulency, or a looseness of the bowels. It is entirely palatable, inoffensive to the stomach, producing neither irritation nor nausea of that organ.

L.

Reviews and Book Notices.

A Treatise on the Insect Enemies of Fruit and Fruit Trees, with numerous illustrations, drawn from nature, by HOCHSTEIN, under the immediate supervision of the author. By ISAAC P. TRIMBLE, M. D., Entomologist of the Agricultural Society of New Jersey. The Curculio and Apple-Moth. Pp. 150, etc. New York, W. Wood & Co.; and A. Williams & Co., Boston. 1865.

Our readers will excuse a somewhat lengthy critical notice of this work, which strictly does not come within the scope of medicine. But, so important is the subject of fruit-growing, and so beneficial or injurious to the general comfort, and we may say *health* of the people, are the results of either an abundant or a poor supply of fruit, that we may consider time well employed in the endeavor to spread knowledge, which will, if it finds practical application, tend to larger crops of fruit. Again, thousands of our professional readers are cultivators of fruit to a larger or less extent, while all are often consulted by their friends and patients regarding the best methods of combatting its enemies; and they will find no fault if we bring to their notice a work which tells all about the matter.

This work has to us additional claims of consideration, because it is written by a physician, and from beginning to end is entirely original. It is not often, indeed, that a book so exhaustive of its subject, is at the same time so completely founded on the author's own observation, and so little dependent upon the labors of others.

Dr. TRIMBLE has observed, studied, and experimented on the insect enemies of fruit for many years; and he now gives us the results of his vast research, just as we should expect from a disciple of medicine, in a simple and clear manner, and by the method of demonstration. By means of the beautiful colored lithographs, we are made acquainted with the injurious insects themselves, their various stages of development and growth, and then we walk pleasantly by the side of the author through the green fields, over the meadows and into the orchards, studying their habits, and finally, the pathological effects which result to fruit from the attacks of its insect enemies; and lastly, we learn how to remedy the *evil*, and counteract the labors of the curculio and the apple-moth, the two insects to which the present volume is mainly devoted.

In addition to the great value of the work as a scientific and clear monograph, its style and manner are equally attractive. Indeed, one who is no further interested in fruit, than in the eating of it, would find pleasure in its perusal. There is a good deal of genial humor in the author, which crops out on nearly every page, and harmonizes well with the budding apple-trees, and peach-blossoms that surround the subject.

One of the most interesting parts of the book is that which treats of the various futile remedies which credulence has brought forward to overcome these injurious insects. Here the author says:

"As the science of surgery emerged from the deep darkness of the early ages, an eminent physician wrote: 'Millions have died of medicable wounds.' It might now be written that hundreds of millions have died from nostrums prepared by men who knew little of medicine, and still less of the human system.

"Of all our insect enemies none have had so many remedies proposed for their extermination as the curculio. For twenty years I have been making collections of these, and I cannot imagine anything of less value, unless it should be a similar collection of quack remedies for consumption or rheumatism."

This part of the book the author concludes as follows:

"About ten or fifteen years ago there was great activity in the search for a curculio remedy, chiefly with the idea of finding something available in connection with the supposed instincts of the insect. We had the paving, planting over water, powerful smells, and heaps of manure; but all these, as well as the various mixtures for coating the young fruit, are now abandoned. The agricultural papers seldom speak of any of them, and few new ones are proposed. The destruction of the grub in the young fruit, and the jarring process for killing the beetle during the season of mischief, are all that have survived; and so little is now said of these, that most people have settled down into the belief that nectarines, apricots, and even plums, are to be given up. They say if these fruits could be had without trouble, they would be very nice; but they can do without them. They are people who, if they find it troublesome to raise wheat, will live on rye or corn bread. But now, since the signs of the times indicate so plainly that even apples must soon be given up also, unless we make fight against the insect enemies, perhaps the public will be aroused to a sense of danger. I hope all who have followed me through this chapter on remedies, will resolutely determine that the question, as to their usefulness, is no longer an open one; that they at least are not to be depended upon; that the fight hereafter is to directed to the killing of this insect, either as grub or beetle; that everything short of that may as well be given up first as last."

In illustration of the manner in which the curculio performs his injurious work, we quote from the diary of observations embodied in the book. The passage may also be considered an example of the descriptive style of the author.

"The curculios caught yesterday, May 20th,

1864, on the cherry knots, were taken to Mr. Hochstein to-day, that he might have an opportunity of catching the positions they assume when cutting the crescent, depositing the egg, and then securing it in the place so carefully prepared for it. Two apricots were given them, and in less than a minute they were all on those apricots, and the females were making the crescent-shaped marks instantly—two on one, three on the other. The males attached themselves to the stems, where they seemed to be feeding. Some of their attitudes were very amusing," etc.

"The time consumed by the female in cutting the crescent in fruit so young as it is now, is very short, not more than two minutes; but the making of the cavity in which the egg is to be stowed away, is a much more tedious operation. I waited half an hour, and none of them had finished. Many times for years past, when not so hurried as now, I have patiently watched the whole process. It is one of the exemplifications of insect instinct. The curculio works and works at this little cave, leading from the middle of the concave side of the cut in the skin of the fruit, until it attains the proper size, for the easy passage of her thin-skinned and delicate egg: and at the further end of that cave or passage-way she will carefully prepare the chamber for its resting place, larger than the passage-way, and with the adjacent pulp of the fruit so deadened that the egg will not be dangerously pressed by subsequent growth. This done, she withdraws the proboscis, or operating instrument, turns around, and drops an egg at the mouth of the cave; then turns again, and carefully pushes it to its destined place, using her proboscis for the purpose, and assuming the same position as when making the opening. If those who have seen the common woodcock boring in the soft ground for food, will carefully watch this operation of the little curculio, they will be struck with the similarity of the positions of the two. But all is not yet finished. This crescent-shaped cut in the skin of the fruit is now carefully plastered up with a gummy deposit, of which she seems always to have the requisite supply; probably a necessary protection to prevent the separating of the wound and the consequent exposure of the egg. It is an instinctive operation, and of course necessary and invariable."

The second part of the work treats of the *apple-moth*, commonly called the apple-worm. Like other moths and butterflies, this insect must have an appropriate nidus for her young, which she finds in apples, pears or quinces, and how sadly fruit is damaged by the apple-worm need not be told. More than one-half, sometimes nearly the whole, of a crop is destroyed by this little enemy; and the present season has been worse than ever before, as a visit to the orchards or markets of the country will painfully show.

The winter habitation of a large number of the larvæ of the apple-moth is under the scales of the bark of trees, from which the moth emerges at the proper time to begin the work of depositing her eggs in the fruit. Indeed, during eight or nine months of the year the insect remains in its pupa state of torpor. Its destruction in that period is important, and here nature has appointed a sort of police system, by which the too abundant multiplication of the insect is prevented. There are many birds that prey upon these larvæ; the author has made it a study to determine satisfactorily which birds are thus aiding man in destroying the curculio and apple-moth—and most interesting and fascinating indeed is his account of the manner in which this natural instinct of the birds finds its application. To determine on which of these insects some of the birds live, the author has resorted to post-mortem examination of their digestive organs. He says:

"The killing of so many birds has been a most repugnant task; but I have nerved myself to it in the cause of science. I felt there was a want of such information, and once procured, it could not be wanted again. The comparatively few thus sacrificed, would become martyrs for the good of the many. Many of these investigations have been of surprising interest, from the consciousness that such knowledge, if properly disseminated, would create a public sentiment even stronger than law, for the protection of the birds."

Of these birds, the *Downy Woodpecker*, or *Sap-sucker*, is the most active in the finding and destroying of the larvæ of the apple-moth. A somewhat lengthy extract from the Doctor's diary, dated Nov. 10, 11, and 12, will be interesting:

"During an excursion in the upper part of Morris county, N. J., made for the purpose of investigating the insects and birds, I had an opportunity of seeing a downy woodpecker in an old orchard, and passed an hour watching his actions. His creeping power is wonderful. I was especially interested to see with what speed he could move down the body of a tree backward. This seemed even more rapid than the forward motion.

"Here I was gratified in being able to ascertain how he finds where to peck through the scales of bark, so as to be sure to hit the apple-worm that is so snugly concealed beneath. The sense of smell will not account for it. Such an acuteness of one of the senses would be beyond the imagination. Instinct, that incomprehensible something, might be called in to explain to those who are satisfied to have wonders accounted for by means that are in fact only confessions of ignorance. Birds have instincts undoubtedly—so have we; but they are mixed up confusedly with other faculties. Most of the actions of insects are purely instinctive and utterly unaccountable. But the apple-moth is not a native of this country—the downy woodpecker is. The bird would not have been created with a special instinct to find the larvæ of a moth that did not

exist in the same country. Other insects live under these scales of rough bark, but in very numerous examinations, I have not seen such a hole made, except when leading directly into the cocoon of this particular caterpillar.

"This little bird finds the concealed larvæ under the bark, not from any noise the insect makes; it is not a grub of a beetle having a boring habit, and liable to make a noise that might betray its retreat in seasons of the year when not torpid. A caterpillar makes scarcely an appreciable noise, even when spinning its cocoon, and when that is finished, it rests as quietly within as an Egyptian mummy in its sarcophagus.

"There is no evidence that the downy woodpecker ever makes a mistake; it has some way of judging. The squirrel does not waste its time in cracking an empty nut. There is no reason to believe that this bird ever makes holes through these scales merely for pastime, or for any other purpose except for food. He knows before he begins, that if he works through just in that spot, he will find a dainty morsel at the bottom of it, as delicious to him as the meat of the nut is to the squirrel.

"But how does he know? By *sounding*—tap, tap, tap, just as the physician learns the condition of the lungs of his patient by what he calls percussion. The bird uses his beak, generally three times in quick succession—sometimes oftener; then tries another. Watch him. See how ever and anon he will stop in his quick motions up and down, and give a few taps upon the suspected scale, and then test another, and another, until the right sound is communicated to that wonderful ear.

"Here is evidence enough of the usefulness of this bird to entitle him to exemption papers for ever. Reader, look carefully at the head, as represented in Fig. 7, of this plate. Do not call that bird "Sapsucker." That name will create a prejudice with some. The whole tribe of woodpeckers labor under a prejudice in some neighborhoods. Some will eat cherries, and some are supposed to be fond of grapes. But the chief food of all of them is insects, and many of those insects are our worst enemies. It will be well to let all the woodpeckers have their own way, but by all means protect the Downy."

Want of space prevents our making extensive extracts from this charming book. We cannot refrain, however, from giving one more from the introduction, to show the author's object.

"The object of the author has been to meet the wants of the practical man, who has but little time for the study of any subject except his business, and least of all, a science involving, as entomology does, hundreds of thousands of species. To make such a work intelligible, *illustrations addressed to the eye are a necessity*. The fruit-grower should be able to identify his insect enemy positively when he sees it—there should be no guessing. The curculio and lady-bug, for instance, are both beetles; both are found upon the same trees; they will often fall down together, when those trees are jarred. The one is our worst enemy, and the other one of our best friends. I have known people kill the friend, and overlook the enemy.

"I have been studying these enemies for many years. At first, it was an investigation made necessary for the protection of my own crops; and that experience taught me knowledge that I had not been able to find either in books or cabinets. The interest thus excited, has been increased by the reading of such valuable works as those of Kirby and Spence, Huber, Latreille, Say, Harris, Fitch, and many others. From this reading and personal experience, I am satisfied that the interests of fruit-growers would be promoted, if all the practical knowledge on this subject could be gathered into a separate work, and I have felt that it was a duty to make a beginning by contributing my portion toward a better understanding af this difficult subject."

Regarding the remedies proposed by Dr. TRIMBLE to destroy these injurious insects, they are both rational, simple, and thorough, of which we have thoroughly convinced ourselves. On one apple tree, to which the hay-rope was applied, we have seen two hundred and forty apple-moths captured and destroyed, protecting the tree perfectly against the mischief the next year.

This will be a text-book for the fruit-growers; to be carefully studied in the winter, and by appealing to the plates and the diary, he will find when and where, at any time, to recognize his enemy, and to be ready for him at the right time with the right measures. L.

The Use of the Laryngoscope in Diseases of the Throat. With an Appendix on Rhinoscopy. By MORELL MCKENZIE, M. D. London: M. R. C. P. *Price* $2.

Commencing with the history of the invention of the Laryngoscope, this work gives a description of the instrument and its appurtenances; the principles of the art of Laryngoscopy; the healthy Larynx as seen with the Laryngoscope, Auto-Laryngoscopy, Recipro-Laryngoscopy, Infra-Glottic-Laryngoscopy, etc., etc. Then follows the mode of application of remedies to the Larynx with the aid of the Laryngoscope, operations on the Larynx, the manipulation of Laryngeal instruments, etc. etc. The appendix is devoted to an exceedingly interesting and instructive article on Rhinoscopy.

Much valuable information is to be derived from this excellent work; and so far as we are aware, no work on the subject contains so much in so small compass. It deserves a place in the library of every intelligent reading physician.

The work is gotten up in admirable style, printed on the best of paper, and well illustrated. The publishers are Lindsay & Blakiston of this city.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 14, 1865.

"FREE SCHOOLS" OF MEDICINE?

The less the expense, of course, with which instruction can be given, and the more freely knowledge is disseminated gratuitously, the better. We would not object to see the halls of *all* our colleges thrown open free of expense to all who might pass an examination giving evidence of a sufficient preliminary education.

We must, however, at the present time, when the period of universal free instruction in medicine has evidently not yet arrived, protest against a growing spirit of pecuniary rivalry between the schools;—and a sort of "*underbidding*" in the fees, with no other apparent object than that of rivals in any kind of business,—to catch customers.

The subject has been called up by the receipt of the following circular:

"Miami Medical College of Cincinnati. Supplementary Circular.—In view of the fact that several neighboring Medical Schools have announced a rate of *Fees* for the Course of Instruction, for the coming winter, at a point almost nominal, the Trustees and Faculty of the Miami Medical College of Cincinnati have therefore determined to make no charge for lectures; and to place the Fees of this School at a rate calculated merely to pay expenses."

We suppose that this circular is directed mainly at the Medical Department of the University of Michigan, where the rates are merely nominal.

We do not believe in this matter of merely paying expenses. Expenses can be reduced to a degree which will prevent instruction from being what it should be. Lectures in medicine cannot be had for the mere matter of a room, benches, and a lecturer. They must be demonstrative, and in nearly every branch of medicine the material for demonstration is so expensive, that even in our most frequented medical schools we doubt if the mere matriculation and demonstrator's fee would pay for the ordinary expenses of the school, not taking in consideration the extra expenses of demonstrative teaching in chemistry, physiology, anatomy, etc.

Again, it is establishing a very bad principle in medicine, as everywhere else—to *work* without *pay*. If this principle is established, it will force some of the ablest and most successful *teachers* to abandon their calling, because they cannot afford to spend their time gratuitously, and must make room for some much inferior men, who happen to be possessed of sufficient wealth to make work for pay no object to them.

Lastly, if you establish the principle of underbidding in *teaching* medicine, why not in *practising* it?

We hope that no more colleges will follow the example of the *Miami*, until the matter has been settled in a Convention of all the Colleges, and a definite rate of fees determined upon.

THE WORTHLESSNESS OF MORTALITY STATISTICS OF OUR CITIES.

The unreliability of the mortality statistics furnished by many of the large cities where such reports are made, has frequently been a matter of comment. It arises chiefly from the want of a uniform nomenclature, from carelessness of physicians in reporting, from the ignorance of quacks, whose knowledge of diagnosis is no better than that of any non-professional man, and the carelessness of the Health Officer or Clerk, who issues permits of burial on doubtful certificates.

Prof. N. S. Davis, of Chicago, in a "Report on the Sanitary Condition of Chicago, and the Prevalence of Diseases, from April 1st to August 1st, 1865," alludes to this subject in the following words:

"It is probable that the gross mortality for each month is given correctly, as well as the mortality during the several periods of life; but the statement of the *causes of death* is wholly unreliable, and much of it unintelligible. Thus, in the table for July, we have assigned as *causes* of deaths, the following: cold 1, cramps 35, childbirth 6, dropsy 8, liver complaint 1, summer complaint 94, spasm, 1, teething 22, tumor 1, etc. Are we to infer that the individual dying from cold, *froze* to death; or did he die from bronchitis, pneumonia, tonsilitis, or something else? Where were the *cramps* that killed 35 of our citizens in one month, and what was the disease that gave rise to them? Did the six who died from childbirth, actually die from obstructions or difficulty in the delivery, or from some one of the diseases incident to confinement? Were the 8 who died from *dropsy* affected with organic disease of the heart, kidneys, liver, ovaries, or what? Then, the 22 victims to teething. Are we to infer that they actually became fatally exhausted from the natural growth of the teeth? If not, what was the real disease from which they died? The 94 cases attributed to *summer*-complaint, were undoubtedly bowel affections; but how many of them were dysentery, how many simple diarrhœa, and how many cholera morbus? The worthlessness of such reports needs no comments to make it apparent."

Notes and Comments.

Visiting Lists.

Lindsay & Blakiston's Visiting List for 1866 is on our table. Those desiring this work, or Townsend's Hand-Book of Practice, on our commutation terms, will please apply *soon*, that we may have time to stamp the name on them. We understand, too, that the stock is likely to become exhausted before the year expires, as the orders for them are unexpectedly large.

Vaccine Virus.

We have several orders on hand for vaccine virus, which we have been unable to fill, from inability to procure fresh matter. We shall fill them as soon as we receive a supply.

News and Miscellany.

Statistics of Small-Pox.

The *British Medical Journal* quotes from the *Berliner Klinische Wochenschrift* some interesting statistics regarding the epidemic of small-pox in Berlin in 1864. In 1863, there were 1270 cases—223 fatal. In January, 1864, there were 227; in May, 644; in June, 628; in July, 323; in August, 150, falling gradually to 55 in November, and 77 in December. Total, during the year, 3319; of which 617, or 18.5 per cent., died. Of the total cases, 1590 were males, of whom 313 died; and 1729 females, of whom 304 died. As to age, the results were:

	Cases.	Deaths.	Per cent. of deaths.
Under 10 years,	854	356	41 6
From 10 to 20,	3.0	10	3.1
20 30,	794	47	5.9
30 40,	678	65	9.5
40 50,	433	73	16.8
50 60,	192	52	27.
60 70,	40	13	32.5
70 80,	7	1	14.
80 90,	1	0	

Among children under 15 years, there were 976 cases, of which 360, or 36 per cent., died; among persons above 15, the number of cases was 2343, and of deaths 257, or 10 per cent. Of vaccinated persons, there were 2719, of whom 310, or 11 per cent., died; of the unvaccinated the number was 600, of whom 307, or 51 per cent., died. Among re-vaccinated persons, the number of cases was 168, and of deaths 16, or 9 per cent. From inquiries extending over several months, it was found that when death from small-pox occurred in children said to have been vaccinated, the operation had either not been performed, or had been done unsuccessfully, or only a few days before the attack of small-pox. Not a single death occurred among children who had been properly vaccinated.

From statistics of an epidemic of small-pox in Calcutta, collected by Dr. Chuckerbutty, who was in charge of the hospital at Chitpore, we take the following, also published in the *British Medical Journal:*

From 23d December, 1664, to 13th April, 1865, there were 627 patients, of whom 249, or 39.7 per cent., died. Of these, 188 were European males, of whom 51, or 27 per cent., died; and 23 females, the deaths among whom were 5, or 21.7 per cent. Of natives, there were 317 males, with a mortality of 134, or 42.7 per cent.; and females 99, of whom 59, or 59.5 per cent., died. The per cent. mortality among Europeans was 26.5, and among natives 46.4. As regards age, there were:

	Cases.	Deaths.	Per cent.
Under 5 years,	37	11	26.8
10	30	7	
15	33	2	6.
20	126	48	38.
30	310	142	45.8
40	69	31	44.9
50	15	6	40.
60	6	2	33.3
70	1	0	

As regards vaccination, 354 cases and 185 deaths occurred among the unvaccinated; 12 had been vaccinated twice—none died; 148 had been vaccinated once, of whom 43 died.

Episcopal Hospital.

At a late meeting of the Board of Managers, Dr. Edward A. Smith was elected to fill the vacancy in the medical staff of the Hospital of the Protestant Episcopal Church in this city, occasioned by the resignation of Dr. Wm. Mayburry.

Appliances for Invalids.

At the recent Fair of the American Institute in New York, Mr. T. McElroy, of New York, had on exhibition a surgical operating table, which is so contrived as to put the patient in any position that may be required for the most difficult operation. The same inventor had an ingenious invalid bedstead.

Furman & Wells, of Addison, N. Y., exhibited O. P. Furman's patent invalid bedstead; and E. Marx, of New York city, had what he calls a patent patient elevator, for raising sick and disabled persons from their beds with ease and comfort, and placing them in any position nature or convenience may require.

Pension Examining Surgeons.

The following appointments have been recently made:

Ohio.—H. D. Ballard, Finlay.

Illinois.—Henry Conklin, Bloomington.

Vital Capacity of Giants.

Dr. Lewis gives, in the *British Medical Journal*, the vital capacity, etc., of the French giant Brice, in comparison with that of two other giants:

	Height. ft.	Height. in.	Chest girth. inches.	Vital capacity. cubic inches.
Brice,	7	11¾	49	530
Freeman,	6	11¼	47	434
J. S. G.,	7	3	51	370

The age of Brice is 25 years; that of J. S. G., 18; Freeman's age not given.

Medical Societies in Canada.

Our neighbors in Canada are active in establishing medical societies. Two have recently been formed,—the "Medico-Chirurgical Society of Montreal," and the "Quebec Medical Society." Dr. George W. Campbell is President of the former, Dr. F. A. H. Lame of the latter.

Accidents to Physicians.

Dr. Prescott, Royal Artillery, at London, C. W., met with a severe accident a few weeks ago. He was out shooting, when his gun burst, shattering his left hand so severely, that it had to be amputated above the wrist.

Dr. J. G. Hall, of Wells, Maine, broke through the scaffold floor of his stable recently, while assisting in unloading some hay, and broke one of his legs.

Records of the Medical Department.

Surgeon-General Barnes has sent a communication to the Secretary of War, setting forth the perilous condition of the records, etc., in the Medical Department, which is situated in a building in no way fire-proof, and by reason of its proximity to wooden buildings, liable at any moment to be burned up. Already the books and papers most valuable in a scientific point of view, and to the families of deceased soldiers, have accumulated so that they occupy the entire story of a very large building. A proposition will be made in Congress immediately upon its organization, to construct fire-proof buildings for the State and War Departments, the latter to include suitable apartments for the Surgeon-General.

A short time since was announced the decease in Paris of Madame Libri, wife of Count Libri, the distinguished bibliographer, who for many years has resided in London. Madame was the daughter of Dr. Double, a distinguished medical man, who refused the peerage offered him by Louis Philippe, that he might devote his whole time to the relief of suffering humanity. She was equally familiar with the French and English language and literature.

MARRIED.

Davenport—Allen.—September 27th, at the residence of the bride's father, by Rev. J. Hussey, Dr. T. Davenport of Cincinnati, and Hannah E., daughter of E. B. Allen, Wyoming, O.

Fundenberg—Cox.—September 20th, by Rev. James Allison, Dr. W. F. Fundenberg and Miss Mary M. Cox, both of Sewickley, Alleghany county, Pa.

Hill—Sturgeon.—On the 14th of September, in North Fayette Township, Alleghany county, Pa., by Rev. John Kerr, Dr. B. F. Hill, late Assistant Surgeon 140th Pa. Vols., and Miss Lizzie J., daughter of the late Major Sturgeon.

Leavitt—Brown.—In Norridgewock, Me., September 19th, by Rev. Benjamin Tappan, Jr., Dr. Wm. B. Leavitt of Athens, Me., and Sarah A. Brown of Norridgewock.

Potts—Gilbert.—On the 3d inst., by the Rev. D. M. Gilbert, assisted by the Rev. Dr. J. A. Seiss, A. Ross Potts, Esq., and Miss Boydanna, daughter of Dr. D. Gilbert, all of this city.

Todd—Dove.—In Washington, D. C., October 3d, by Rev. R. J. Keeling, Rector of Trinity Church, Dr. Seth J. Todd and Georgie, daughter of Dr. G. M. Dove, all of that city.

DIED.

Crosby.—At his residence, in Union Village, N.Y., on Sunday, October 1st, 1865, Dr. J. B. Crosby, aged 52 years.

Dyer.—At Natick, Mass., Sept. 29th, Augustus E. Dyer, M. D., aged 25 years, 7 months.

Graham.—At Shawangunk, Ulster county, N. Y., October 2d, William C. Graham, son of Dr. George G. Graham, in the 42d year of his age.

Gregory.—At Jersey City, October 4th, Kate D., wife of Dr. A. McI. Gregory, and daughter of J. R. Worthington of Cooperstown, N. Y., aged 23 years.

Hill.—In Paris, Washington county, Pa., Sept. 1st, 1865, Addie Diana, daughter of Dr. M. D. and Rachael D. Hill, in the 8th year of her age.

ANSWERS TO CORRESPONDENTS.

Dr. G. C., Danville, Ky.—Pocket Medical Case sent by Express, October 3d.

Dr. S. Y., Auburn, Me.—Skeleton sent by Express, October 2d.

American Medical Association.

In consequence of the expense of the publication of Vol. XVI. (1865) of the Transactions, the Committee of Publication have fixed the price at five dollars ($5). Members who have already paid three dollars ($3), are requested immediately to forward the additional sum, ($2.) As the number of copies published will be but slightly in excess of the number of subscriptions, those who desire copies should immediately forward the amount either to the Treasurer, Dr. C. Wister, 1303 Arch street, or to

Wm. B. Atkinson, Permanent Secretary.
215 Spruce st., Philadelphia.

Sept. 18, 1865.

METEOROLOGY.

October	2,	3,	4,	5,	6,	7,	8.
Wind	N. W.	N. W.	N.	N. W.	N. W.	W.	W.
Weather	Clear.	Clear.	Cl'dy.	Clear.	Clear.	Clear.	Clear.
Depth Rain							
Thermometer.							
Minimum	51°	44°	43°	38°	39°	39°	39°
At 8 A. M.	62	50	50	45	52	57	57
At 12 M.	65	59	55	55	57	64	64
At 3 P. M.	63	59	50	55	57	64	64
Mean	60 25	53.	49.50	48.	51.25	56.	56.
Barometer.							
At 12 M.	29.9	29.9	29.9	29.9	30.2	30.2	30.2

Germantown, Pa. B. J. Leedom.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64 Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers,* of No. 414, Feb. 4, 1865.

THE

MEDICAL AND SURGICAL REPORTER.

No. 451.] PHILADELPHIA, OCTOBER 21, 1865. [Vol. XIII.—No. 17.

Original Department.

Communications.

ACCOUNT OF THE CHOLERA IN CONSTANTINOPLE.

By Dr. Müllig,

Physician to the Prussian Embassy, and to the Imperial Naval Hospital at Cassia Pacha.

(From the "Gazette Médicale d'Orient," Constantinople—for August, 1865.)

It will be useful at the present time to cast a retrospective glance at the origin of the epidemic of cholera which rages at the present time in our city.

Those physicians who have followed with attention the epidemics which have spread through Europe during the last twenty-four years, and who have considered the numerous papers which appeared everywhere during and after the last epidemic, will find in the facts we are about to give another proof in support of the conviction at present almost general, that cholera belongs to an eminently contagious class of diseases.

For several weeks it had been known that an epidemic of cholera had raged at Alexandria; it was known also that it had been imported by pilgrims from Mecca.

The population, struck with terror, commenced to emigrate on a large scale, and soon, isolated cases of cholera were observed wherever the current went, at Beyrout, Smyrna, at Chio, etc. Until the 28th of June no case of cholera, or of its prodromes, such as diarrhœa, sporadic cholera, or any gastro-intestinal affections, were observed at Constantinople.

On this memorable day—for it is from the 28th of June, 1865, that the present epidemic of Constantinople dates—the war frigate Mouchbiri-sourour arrived directly from Alexandria. The captain not having declared any deaths during the passage, nor any case of disease among the crew, the vessel was immediately permitted to come to anchor; but on the evening of the same day twelve patients were sent to the Marine Hospital, and the physicians immediately recognized eleven cases of cholerine, and one of collapsed cholera, which terminated fatally on the same night.

The surgeon of the vessel, questioned by the hospital physicians, stated that between the Straits of the Dardanelles and Constantinople, two of the crew had succumbed to cholera; and that at Alexandria, although no case of cholera had occurred on board, cases of diarrhœa had been observed. On the 30th of June nine other cases were disembarked from the same ship, among which two well characterized cases of cholera were observed. The Mouchbiri-sourour was now sent to Bouyouk-liman, near the Black Sea, and the men put on shore under tents; the sick who had been disembarked, were isolated as much as possible in a large hospital.

On the 5th of July, a patient who had entered the hospital on the 3d, coming from the barracks of the military workmen, which is situated opposite the wharf of the arsenal, now presented symptoms of cholera; he was transferred to the division reserved for cholera patients. In the mean time, the barracks of the workmen, and those of the Infantry of the marine, had been evacuated, and the soldiers camped under tents on the height of Ok-meïdan.

On the 5th of July a new case was furnished by the military workmen of Ok-meïdan, and another by the steam corvette Ismir, anchored before the arsenal, near the workmen's barracks.

On the 6th of July a new case was furnished by the military workmen of Ok-meïdan. On the 8th there was another case from the same source; on this day two deaths by cholera. On the 9th, one case of intense cholera, and two of cholerine, from the corvette Ismir, and one case from Ok-meïdan; one death. The corvette Ismir was quarantined, and towed at first to the exterior port, and next day as far as Bouyouk-liman; in the interval she lost two men by cholera. Since then we have no news from her.*

On the 10th there were five attacks, viz., one case on the transport Teheihoun, anchored before the arsenal, one from the guard in the interior of the arsenal, one coming from the videttes placed

* These lines were written on the 18th of July.

on a raft in front of the arsenal, one hospital nurse of the barracks for workmen already evacuated, and one washerman of the Marine hospital: on this day one death. On the 11th, seven attacks: one case in the interior of the arsenal, one of the guard of Parmak-Kapou, (at the entrance of the arsenal adjoining the workmen's barracks), one of the guard at the entrance of the arsenal from the side of Haskeny, two cases in the Dikimhané, (a manufactory in the interior of the arsenal), one among the military workmen of Ok-meïdan, and one hospital nurse in the cholera ward; three deaths. On the 12th of July nine attacks occurred, *four of which took place in the hospital itself, among the patients placed there for other diseases;* two cases among the military workmen, one in the Dikimhané; one was a civil workman employed in the arsenal, (after having presented himself at the hospital, he went home and died the next day), and one police soldier of the Kassimpacha, (of the police guard, close by the arsenal); five deaths.

On the 13th nine attacks; four of which took place in the hospital, one in the guard of Parmak-Kapou, three among the military workmen of Ok-meïdan, and one on board the transport Araïch, anchored before the arsenal; three deaths. On the 14th nine attacks; three of them in the guard of Parmak-Kapou, two in the guard of Dara-aghatch, (in the interior of the arsenal), and one on board the Mouchbiri-sourour, which had taken her crew on board; six deaths.

On the 15th twelve attacks; viz., three military workmen of Ok-meïdan, two of sailors of the transport Tcheihoun, a sailor of the corvette Brousse, one of the Mouchbiri-sourour, one of the transport Sureïa, one convalescent of the pontoun Techrifié, (this vessel received the hospital convalescents, who were quarantined for seven days), two workmen of the Haddéhane, (a manufactory of the arsenal), and one hospital washerman; three deaths.

We shall not follow any further the progress of the epidemic in the arsenal, but will cast a retrospective glance at what passed during this time in the city. On the 9th of July a ferry-man living on the left bank of the exterior port, (at Yalé-Kiosk), was attacked and died.

From the 10th, as we have stated, the cholera spread among the citizen workmen, occupying the khans of Kassim-pacha; a part of these people worked in the arsenal, principally on the building of the Marine department, in front of the building of the arsenal, and at the side of the military workmen's barracks. On this day eight attacks, with five deaths, came to our knowledge, but there were many more; and since this day the cholera has made such ravages among these stone-cutters, that it was found necessary to suspend the work of building. But the disease was not localized in the khans of Kassim-pacha, many cases having taken place already among the inhabitants of this district, as far as the limits of Pera, (two cases having been reported at Emindyamissi,) isolated cases have been observed besides in several parts of the city, as at Yedikpacha, (in a woman coming from Kassim-pacha,) at Phanar, Balata, and at Haskeny.

On the 12th of July, cholera cases were received at the Greek Hospital of Baloukli, (district of Kassim-pacha.) On the 14th, attacks took place in the khans of Stamboul, and on board merchant vessels anchored before Salih-Basar. On the 15th, at Bechiktach, and at the custom-house of Galata; another point of origin for the disease appeared at Yeni-Keny, in the Bosphorus. Among the eight vessels of the imperial fleet anchored before Bechiktach, only four have furnished cholera cases up to to-day (18th July); one especially (Nasrout-Aziz), has become a veritable breeding place.

The facts speak for themselves. Up to the 28th of June, nothing in the hygienic condition of the city announced an epidemic of cholera. On this day the frigate Mouchbiri-sourour arrives from Alexandria with cholera-sick on board; they are landed at the arsenal, and not five days pass before the first case occurs in a patient from the military workmen's barracks, situated hardly ten steps from the landing of the arsenal. From this day, cases multiply in the arsenal, and on board the vessels anchored there; thus the corvette Ismir is the first attacked, being at the same time nearest the barracks, and it is only a few days more before the transports anchored a little further off are visited by the disease. The guard of Parmak-capon, at the entrance of the arsenal, and only a few paces distant from the barracks, is roughly dealt with in its turn; finally, the rest of the guard and the workshops are infected. In the mean time, the corvette Ismir is towed to the exterior port, where she remains for forty-eight hours; the cholera continuing, she is removed to Bouyouk-liman; several days later the first case of cholera appears in the exterior port. On the other hand, the citizen workmen employed at the arsenal, propagate the disease in Kassim-pacha. If we turn to Yeni-Keny, which is a considerable distance from the original point of origin, we find here also that the disease is propagated from the arsenal, for the first established case is that of a stone-mason from Kassim-pacha, arriving already

sick at Yeni-Keny, where he dies the next day, with all the symptoms of cholera.*

Up to July 19th, no case had occurred at Tatavla; on this day I have to mention one case of cholera, of moderate intensity, on the slope of Tatavla, towards Yeni-Cheir—almost at the same time a woman who came two days before from Yeni-Keny died from cholera, at a distance of but a few paces from the house of the patient. Since the 20th, several deaths from cholera have taken place in the same district. Let us compare now with these facts, which establish the origin of the epidemic in the most positive manner, some other very curious facts. The vessels anchored in front of the arsenal, but at a considerable distance from the wharf, have to this moment furnished no case of cholera. This is very remarkable, especially in the case of the three-decker Mahmondic, which has a numerous crew. The Mahmondic was afterward towed to the Bosphorus, to a most advantageous position, in the midst of the current, where a breeze is never wanting; and yet two days later, (in the night, from 20th to 21st July,) nine attacks took place on board. Among the vessels anchored before Bechiktach, several have been spared to the present, (July 18th); among others, the Admiral's flag ship Kassova, whose crew is of the largest kind. The marines occupying the great barracks of Kassim-pacha, where no case of cholera had occurred, are sent to Ok-meïdan, where they camp in tents at the side of the military workmen. Well, up to this day no attack has occurred among the marines encamped at Ok-meïdan, whilst the workmen send us new cases every day. The cause is this; the workmen were employed during the day at the arsenal, the point of origin of the infection, while the soldiers are constantly stationed on the heights of Ok-meïdan, in pure air, where contagion cannot fix itself.†

It appears to me that these facts do not need much commentary. Patients arrive in a perfectly salubrious city, and we see the same disease of which they suffer spread at the very place where they are landed; it subsequently seizes an entire district, and a little later rules supreme over the whole city. By Æsculapius! how will you name such a disease? Is it a contagious disease, or do you wish to quibble upon the word? Let us state then the fact, it is this,—*cholera patients import cholera.** Do you wish an additional proof? that which has happened to the marine hospital itself may furnish it. The first cases of cholera having staid at the hospital hardly longer than a few days, the patients remaining there for other diseases, were affected and succumbed under the attacks of cholera. The fourth ward, where the first case of cholera of local origin was observed entering on the 3d day of July with simple diarrhœa, has furnished subsequently several other cases. Among the employées the first victims attacked was a nurse of the cholera ward and two washermen, who cleaned the linen of the cholera sick.†

A specious sophistry only could contest the importance of such facts. I have remarked in the commencement, that this fact presents nothing new, for thousands and thousands of times it has been established in the most unobjectionable manner, that cholera is imported by cholera sick; what there is particular in our case, is this, that at the time it was not necessary to search for the source of the epidemic after its appearance; it was not that the epidemic had already existed when it was found, right or wrong that it had been imported by the frigate Mouchbiri-sourour No! this time, based upon the experience of the past, *I have predicted the appearance of the epidemic from the 29th of June*, the day on which I have stated the landing of the twelve first cholera patients arriving from Alexandria, at a time when nothing, absolutely nothing, indicated that we were on the eve of an epidemic of cholera. It is only under circumstances as particularly favorable as ours, especially during movements of troops, emigrations from a place where cholera exists, etc., that it is easy to follow the tracks of the contagion with the same precision; when cholera has already taken a certain extension in a country which has an extensive commerce, traversed by commercial routes, by rail-roads, etc., we may follow it along the commercial routes, but it is rarely possible to point out the exact moment of the importation of the contagion, and ought we to be more exigent in regard to the contagion of cholera, than that of scarlatina, of smallpox, etc., is there any one who doubts their contagious

* I have this case from Dr. Bisti, practising at Therapia and Yeni-Keny. Subsequent researches have proved the perfect correctness of the fact.

† Another very curious fact is, that up to the 27th of July no case of cholera manifested itself among the galley-slaves of the bagno, the most infected place of the arsenal, whilst the epidemic raged among all others with great intensity. (Among the troops of the marine alone, we have counted eighty-nine attacks in 24 hours.)

* Men have lost themselves in theories and hypothesis respecting the direct and indirect contagiousness of this disease, or its infection, etc. Whether a disease is transmitted is one question, and in what manner it is transmitted is another.

† During the war in the East the fact that the washermen attending the washing of the French hospitals were attacked by cholera, has more than once been confirmed.

character, and notwithstanding, in how many cases can we establish the connection of the cases?

I repeat then, cholera is contagious, eminently contagious, and I add that intelligent quarantine measures may prevent an epidemic of cholera, if not always, at least in certain cases. It is true that when cholera has already invaded a whole country, when the scourge progresses from all sides of a continent traversed everywhere by railroads, all quarantine restrictions will be useless; then indeed control is no longer possible, except in cases where limited districts removed from the great high-ways of commerce are surrounded with restrictions of extreme rigor.* It is another matter when the epidemic rages only in one or two places on the sea coast, for when quarantine measures have a determinate object in advance, I have no doubt that under such circumstances it will be possible to localize the epidemic, provided the measures taken be not dictated by superannuated restrictions, but rather by the experience acquired as to the mode of the propagation of cholera epidemics.† When one thinks of the number of victims made by an epidemic of cholera once set loose upon the European continent, one conceives that extreme rigor in the application of proper measures to extinguish its primitive focus is perfectly justifiable. What is not done when there exists a mere suspicion that the plague has made its appearance anywhere? And if cholera is more difficult to keep within bounds than the plague, so much more reason to redouble rigor and vigilance. Before indicating the quarantine measures which I believe to be the only efficacious ones, I wish to make a few observations on the mode of the propagation of cholera, according to the facts collected and the experience accumulated during the latest epidemics.

Cholera does not appear to be contagious by simple contact of the patients, but the cholera patients rather develop contagion like those affected with smallpox, with this difference, that whereas in smallpox contagion is communicated by the skin, in cholera it is through the excretions, especially the stools, that the infection is propagated; thus the linen stained by cholera patients, houses occupied by them,* infected ships may harbor the contagion for a long time and become the cause of new infections. It must also be observed that the stools of persons suffering from mild manifestations of the disease, from cholerine and cholera, like diarrhœa, do not contain the contagion any less than the excretions of those suffering from confirmed cholera, it is therefore easy to conceive, why a ship, a building, etc., may be infected without a case of cholera having occurred.

Now the most rational and safest measure would be to prevent all communication with the place where cholera has appeared, encircling it by a sanitary cordon, as is done in places infected by the plague: we should stop these general flights, these emigrations spreading death everywhere, without profiting the fugitives, for they will find themselves always subject to the same infection which they carry with them.

But as it is not always easy to maintain these restrictions with the desired austerity, it would be necessary to subject all imports from regions adjoining the place where the disease had originated, and from the focus of the disease itself, to a rigorous quarantine of at least twenty-five days. In this respect the following principles might serve as a guide.

1. Quarantines ought to be located at a distance from towns and populous centres, and where possible, on islands.

2. Passengers should never be permitted to pass their quarantine on board of vessels.

3. Spacious and thoroughly isolated lazarettos should be established at suitable points.

4. Every lazaretto ought to have a hospital entirely separated from the principal edifice.

5. Sanitary physicians attached to the lazarettos, and whose number should correspond to the importance of the station and the circumstances, ought to be in constant attendance on the inmates; and they should have reliable assistants always on duty at the bed-side of the patients, to report their actual condition.

6. If a case of cholera has occurred on board a vessel, the crew ought to be landed, and put in the lazaretto, and those suffering from diarrhœa be sent to the hospital. The vessel should undergo a thorough purification, as is practised with regard to vessels contaminated with yellow fever —after 25 days the crew may return to the vessel; but she should remain under the strictest

* In 1831 the Imperial Court of Russia, 10,000 persons in all were encircled at Peterhoff and Zirs Koysto, by a rigorous sanitary cordon. No one was affected by the cholera.—*Armstrong Obs. on Malignant Cholera, Edinb.*, 1832, *page* 7.

† Dr. Mongeri in 1849 succeeded in encircling and extinguishing an epidemic of cholera, which, imported from Echelleneuve, broke out at Gaidouropoli in Crete. See the very interesting account of this fact in the *Gazette Medicale*. 1 Ann. No. 8, page 136.

* When in February 1855 an epidemic of cholera reappeared in Vienna after having been extinguished, the first case occurred in a house which had served as a cholera hospital during the epidemic.

medical surveillance for a further period of 15 days.

7. The linen and clothing used by cholera patients, during illness, (and of course, those also belonging to persons who have suffered from choleriform diarrhœa) must be destroyed, and the hospital be disinfected.

8. All communications with lazarettos, and vessels in quarantine, must be severely interdicted, and every extravention of the quarantine regulations punished with severe rigor.

It has not escaped our attention that the sanitary intendancy with the present means at its disposition, will not be able to apply rigorously the principles above indicated. It is necessary then to place means of action at its disposal; to establish, for instance, convenient lazarettos, to increase the number of employées, etc. But in order to accomplish all this it would be necessary to reform the sanitary intendancy itself, for the regulations actually in force need a revision, in order to bring them into accord with the present state of our knowledge of epidemiology, and this revision can be accomplished only by a Council of Health, which shall be fully equal to the importance of its mission. The quarantine institutions of Turkey have in their infancy furnished evidence of what they may accomplish. It is known that the epidemics of the plague have been fought with great success as well in Rounielie (Silistria, Choumla, etc.,) as in Asis (Ighelnies, Samsoun, Erzeroun, etc., 1840 and 1842, etc.)* Now if the present Council of Health has not always acted with the same concert, and with that energy which distinguishes this almost historic epoch, it is because since that time the equilibrium of its composition has been disturbed, and its fundamental principles have been changed. This is such an important question that we feel it to be our duty to be a little more explicit.

The Council of Health, a bureau of the Imperial government, is composed of two elements, viz.: the one consists of a certain number of functionaries appointed by the local government, and the other of the delegates of the maritime powers. At the period when quarantine institutions were established in Turkey, the Imperial government wished to offer the bordering countries a safe guaranty for the efficacy of the new institution, by admitting delegates, who, by their presence, would assist the strict execution of the quarantine measures. Now, since the fear of the plague has ceased to trouble the minds of Europe, since commercial interests and navigation have occupied the first place in all transactions, the attitude of the foreign delegates in the Council has gradually changed in such a manner that now-a-days we find from this side sometimes rather a tendency to subordinate the regulations of the quarantine to the interests of commerce, than to enforce them; the storm raised last year by putting provisions from Circassia in quarantine has not been forgotten, I think. It was a serious mistake on the part of the local government, to reduce the number of Ottoman functionaries, for, in place of four physicians appointed by the government, and occupying seats in the council, only two sit there now.

Another inconvenience is, that a few only of the foreign powers delegate competent men, physicians who are able to judge for themselves the important questions of public hygiene, whilst the others confide this charge to persons who are strangers to scientific questions, questions which are to guide the Council in its most important decisions.

When the Council of Health is reformed in the manner we have just indicated, when it becomes a true medical council, reinforced by the members whose places remain vacant, and by physicians delegated by the foreign governments, which are represented to-day only by dragomen, then only may we hope a suitable reform in the quarantine institutions of Turkey.

* "The Contagiousness of the Plague, principally based upon results obtained by the Quarantine in Turkey," by Pezzoni & Marchand, Constantinople, 1847. See *Gazette Medicale d'Orient* 1 Ann. n. 5.

DEFECTIVE AND IMPAIRED VISION.

With the Clinical Use of the Ophthalmoscope in their Diagnosis and Treatment.

By Laurence Turnbull, M.D.,

Of Philadelphia.

(Continued from page 216.)

In our last communication we described the first form in which the ophthalmoscope was given to the world, and the more recent changes and modifications. We shall now pass to the consideration of the second class, "Homo-centric Ophthalmoscopes," six forms of which we described in our first series of papers,* namely, "Rueté," "Anagnostakis," "Desmarres," "Jäger," "Liebreich's, large and small." In the simple form you have the reflection from slips of glass, highly pol ished, with plane parallel surfaces. In the second form you have a concave mirror of silver glass or metal, which produce their effects according to

* These are now published for convenience in pamphlet form, and are for sale.

the following optical principles—as shown in Fig. 2, from Zander: F represents the flame, S the mirror, L the concave lens, B the eye examined. From the flame F rays of light, $F\,a$ and $F\,b$, fall upon the mirror, and are reflected

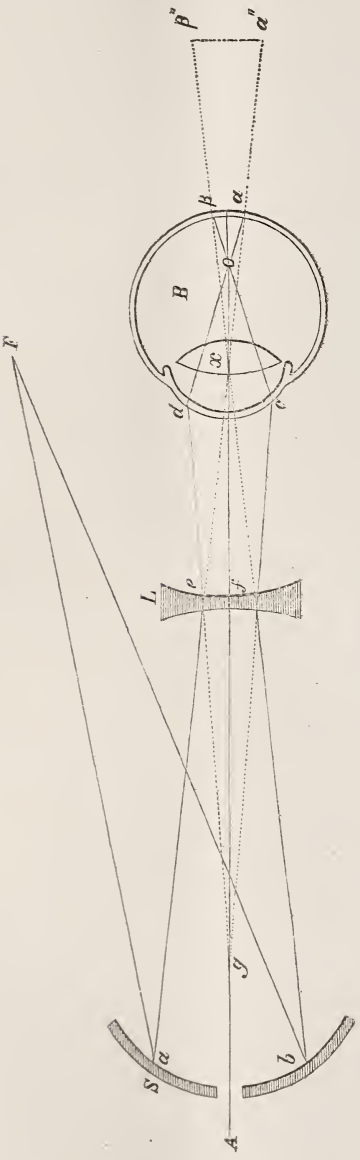

Fig. 2.

from it in directions converging toward its focus. They are intercepted before they meet by the concave lens L, and rendered divergent. Proceeding, they strike divergent upon B's cornea, and form upon its retina the dispersion image $a\,\beta$. Returning in their course of entrance, the rays $a\,d\,e$ and $\beta\,c\,f$ would unite in g, were they not again rendered divergent by L, so that the observer at A sees a magnified erect image $a''\,\beta''$, apparently situated between $a\,\beta$.

"For the examination of a virtual erect image it is necessary to use a concave lens, of from 8″ to 9″ focal length. This should be distant from 1″ to 3″* from a short-sighted, and from 3″ to 5″ from a far-sighted eye; but by sliding it backward and forward, the exact distance required by the accommodation of any particular eye may be found. A short-sighted observer must use his accustomed spectacle glass. The inspection of the erect image is more especially useful, in order to examine in detail the objects of the fundus oculi, and to determine their peculiar colors, as well as the transparency of the whole refracting media.

"For the examination of an actual inverted image, it is necessary to substitute a convex for the concave lens. When this lens is distant nine or ten inches from the observer's eye, and about one inch from the eye of the patient, an inverted picture of the retina magnified from 2 to 3½ diameters, and showing the finest branches of the central vessels, small aneurisms, extravasations, and so forth. If two convex lenses be used, the first of 1½″, about one inch from the eye of the patient,—the second of 4½″, about 5½″ distant; this combination will afford an inverted image about three times magnified, but apparently filling a larger field than the former. The annoyance of reflecting mirror images may be removed by turning the lenses on their vertical axis, so that they stand somewhat obliquely to the opitical axis of the eye."

The Ophthalmoscope of Ulrich.

It consists of two tubes, blackened within, and united at an angle of about 40°; one of them inclosing the mirror and lenses, the other admitting the light to the first. The length of the first tube, which Ulrich calls the "ocular, or observer's tube," is about 5″, its diameter 1″ 8‴. The second, or "light tube," has a smaller diameter, and on its hinder margin a length of about 2″, greater length being forbidden by the necessity of keeping the source of light away from the patient's head. The end of the tube is provided with an opening ½″ in width, adapted to the eye of the observer; the other end is open in its whole diameter, and incloses the eye of the patient. Both are finished by proper margins. The free end of the second tube has a screen that shuts off side light from the observer, and acts

* Twelve Paris lines made a Paris inch; and twelve Paris inches a Paris foot. The foot is expressed by (′), the inch by (″) and the line by (‴)—with numerals prefixed.

also as a cover for the tube itself. The source of light can either stand alone at a distance, or, be attached to the instrument itself by means of a collar and screw—the light being held in a ring turning on a horizontal axis. This ring is furnished with a screen to cut off rays from the head of the patient. The concave mirror is 1″ 8‴ diameter, 1½‴ central perforation, and 3″ focal length, and two convex lenses. The mirror is set obliquely across the tube, so that its incident and reflected rays correspond with the axes of the two tubes respectively. Its distance from the opening of the ocular tube is about 4″. Behind the mirror, separated from it by a perforated diaphragm, is the 4½″ occular lens fixed in a movable sliding tube or eye-piece. The 1½″ object-glass is placed in front of the mirror, and thus, attached to its setting, a rod fastened to a button and screw, which passes through a slit in the side of the ocular tube, so that the object-glass can be moved to and fro, and fixed at any point. The ocular tube is also furnished with a draw-tube, which serves to steady the apparatus upon the eye of the patient, and also to retain the eye in any desired position.

To use this instrument it is held in the left hand for examination of the left eye, and *vice versâ;* while the free hand regulates the positions of the object-lens and of the draw-tube. With clear vision at a distance of nine inches, no elongation by means of the draw-tube is required, but only movement of the object-lens to the extent of ¼″ or ½″. In presbyopia the tube must be lengthened ½″ or ¾″; and in myophia it may be necessary to move the object-lens as much as 1″, and to substitute a weaker ocular (a biconvex of 6″) for the one ordinarily employed.

For examination of the cornea, iris, or lens, the ocular is removed by withdrawing the tube in which it is set; thus reducing the instrument to a simple magnifying glass. This ophthalmoscope can also be employed in daylight.

Its advantages, according to Dr. Zander, are for examination of the inverted image; that the whole of the necessary apparatus is united in a portable form; and that the tube, by totally excluding side-light facilitates the perception of aërial images. They are, however, outweighed by the disadvantages of having the source of light united to the instrument; of having the object-lens, with its axis straight, so as to transmit reflected mirror-images, and of having the mirror stationary.

The Ophthalmoscope of Stellwag Von Carion.

It consists of a concave mirror, having a focal distance of some inches perforated through the middle, and attached by a joint on its edge to a handle. By this joint the mirror can be set in any required direction. Behind is a Rekoss's disk, with its axis of rotation eccentric to the mirror, so that, by turning the disk, any one of its marginal holes containing lenses can be brought opposite to the mirror-opening. The lenses are 2″, 4″, 8″, and 12″, concave; and 2″, 6″, 12″, convex.

The Ophthalmoscope of Hasner.

It consists of the following parts: In a brass tube is a second tube sliding freely, and capable of being fixed in any position by a screw which projects through the second tube. A perforated glass concave mirror of 7″ focal length, set in a metal back, is suspended by screws at the free end of the tube, and can turn upon these screws as on an axis. It receives the light from a lamp through an opening in the side of the outer tube. At the free end of the inner tube is a two-inch convex lens, set in a metal ring, and is suspended by the screws in the same manner as the mirror. Behind the mirror is a six-spring clip united to the outer tube by a joint, and capable of being set at any desired obliquity. The distance of the lens from the opening in the mirror is shown in Paris inches, on a graduated scale, and may be increased to 8″.

In use the observer holds the screws with the thumb and index finger of one hand, the remaining fingers of which rest upon the cheek or forehead of the patient, and maintain the end of the instrument at a distance of from ½″ to 1½″ from his eye. By means of the screws, the necessary obliquity is given to the lens, so as to displace laterally the reflected images of the mirror. The ocular tube is held by the screws, with the thumb and forefinger of the other hand; the side opening is turned toward a lamp suitably placed; and by means of the screws, such a direction is given to the mirror that the rays falling upon it are reflected down the axis of the tube into the eye of the patient. When this is illuminated, the details of the fundus oculi may be brought into view by sliding the tubes. For ordinary cases, a single convex lens will be sufficient, but in high degrees of presbyopia it may be necessary to place a second of 15″ or 20″ focal length, in the spring-clip. The same may also be done in order to obtain a more highly magnified image.

Professor Ryba makes the spring-ring much smaller, and connects it by a twice-jointed stem to the edge of the metal plate behind the mirror. By this arrangement the ocular lens can be accurately applied to the central perforation of the

mirror, in any oblique direction of the latter, and in any direction of the axis of the tube.

Among the merits of this instrument Hasner enumerates:—(1.) Being composed of solid metal it occupies little room, and is very portable. (2.) The inverted image of the retina is easily found, because the tubes slide freely, and because their considerable diameter renders it unnecessary to look exactly into the line of their axis. (3.) Its connection with the patient by the hands of the observer keeps it steady in its place. (4.) The mobility of the mirror renders it easy to give any direction to the instrument without altering the position of the flame. (5.) The reflected image of the object-lens are readily set aside by shifting it. (6.) The retinal image contained within the mirror a blackened tube, from which all side-light is excluded, appears much more clearly then when formed in the open air. (7.) The clip behind the mirror facilitates the application and removal of ocular lenses. (8.) By the graduation of the tube the distance of the observing eye from the convex lens can be read off; and in known vision of the observer, and with the lens at a constant distance from the patient, the refraction of the latter can be determined, approximatively at least by a comparison of different observations.*

SURGICAL CONTRIBUTIONS.

By Louis Bauer, M. D.

Of Brooklyn, N. Y.

II.

Action for Alleged Malpractice.—Professional Ethics put to a Test.—Differential Diagnosis of Spontaneous and Traumatic False Passages in Court.

In the beginning of September, an action for alleged malpractice was tried at the City Court of Brooklyn. In the course of the proceeding some points were touched, in which the profession at large may be interested.

From the evidence of the complainant it appears that in the month of April, he was suddenly seized with inability of discharging his urine, it being the second time in his life. The first time happened a year previous, lasting about twenty-two hours, and yielding to some trifling remedy prescribed by a druggist. On this occasion, he sought for and obtained professional advice. Dr. K., of this city, tried to relieve the patient by catheter, but failed. The latter sustained in the attempt some loss of blood and felt quite sore. The doctor directed the complainant to go home and to bed, and to take some pills he prescribed. A few hours afterward, the former, in company of Dr. M., called upon the patient, placed him under the influence of chloroform, and then repeated the attempt at introducing the catheter. The patient felt nothing. When he recovered from the effects of the anæsthetic, he noticed that his body and bed linen were soiled, "drenched" with blood. There was likewise blood in the chamber and on the carpet. The medical gentlemen then left, but returned in the afternoon, *proposing to finish* the operation; the patient having, in the meantime, passed some urine, and feeling rather easier, had been under the impression that he owed his comfort to the operation. He was therefore ill-disposed to submit again. Moreover, he thought that if they had not succeeded with the use of chloroform, there was very little chance of succeeding at all. The soreness of the penis had materially increased. Notwithstanding, he allowed his objections to be overruled. The catheter was successively passed into the urethra by the two doctors. When it came near the presumed stricture, he experienced severe pain, lost much blood, and noticed that its point took a direction toward the left. After several trials of this kind, the medical gentleman desisted. Dr. K. visited the patient for six consecutive days, and directed various applications. On the eighth day my attendance was invited.

On taking charge of the patient, I noted his condition, as follows: febrile excitement and painful expression of countenance; painful and difficult passage of urine; the water either dribbling, or in a fine and twisted stream; the penis slightly œdematous. There is some swelling and intumescence on the left side of the perinæum, and toward the left thigh, and the remnants of a recent ecchymosis, with all the colors of a rainbow.

Apprehending an incipient urinary infiltration, I resolved to insert a catheter, and thus arrest the progress of the impending destruction. It is immaterial whether I first entered the urethra with staff or catheter, nor do I remember which. Having carefully felt my way a distance of about seven inches, the instrument became arrested by what seemed to be a stricture. In gently trying to pass into the same, the instrument took a leftward direction, and evidently entered a false passage. Following the point of the instrument in its progress, I could distinctly feel the same under the integuments. The ensuing pain and bleeding reminded me that that route could not be travelled with any safety; so I withdrew, and made no further attempt. Hence-

* Zander.

forth, it was my sole object to reduce the existing inflammation along the perinæum, and favor suppuration, for which purpose leeches and cataplasms were freely resorted to. At about the seventh or eighth day fluctuation could be distinctly felt; the abscess was not so very large, and did not exhibit that deep discoloration and wide-spread edema characterizing urinary infiltration. On opening the abscess a moderate quantity of a *creamy*, and in every respect *laudable*, pus was discharged with evident relief to the patient. There was no odor of urine nor trace of sloughed tissue. Not for thirty hours did any urine pass through the abscess. Thenceforth and for about six weeks, the urine was chiefly discharged through the opening in the perinæum, giving likewise rise to burrowing toward the anus, and necessitating repeated incisions. At the end of two months, the fistulous opening gradually closed, and the urine took by degrees its normal course.

The patient, an intelligent Norwegian shipwright, had thus lost about ten or eleven weeks' income, had been subject to great expenses, irrespective of the misery to which he had been subject. He accused his previous attendants of gross carelessness and want of skill, and ascribed to them the cause of all his losses and sufferings. He considered himself entitled to compensation, and felt it his duty to expose the incompetency of Drs. K. and M. to public derision. This was the state of feeling in which I discharged my patient, expostulation to the contrary, notwithstanding. When his lawyer consulted me about the matter, I used every argument of doubt to prevent the suit, and eventually withheld all and every information from him that would have been of assistance to him. Thus I had tried and failed to protect the practitioners, and save myself the odious duty of appearing against professional brethren.

But when summoned and sworn as a witness, I had no alternative but to tell everything I knew of the case, and give such an opinion as the facts would warrant. Pressed by the complainant's counsel with the question, "By what means the false passages had been produced?" I could conscientiously not withhold my conviction that it had been produced *by the indiscreet use of the catheter*.

It would have been wise on the part of the defense to let my opinion pass for what it was worth, and concentrate their efforts upon rebutting evidence. But the desire to embarrass my position got the best of juristical strategy, and hence they entered upon a rigorous course of cross-examination, which could but break down my evidence, or eventuate in still stronger proofs against the defendants. Calm consideration of their interest would have satisfied them that I had no wish one way or the other; that I was *forced* into the witness-box, that I had related the course of the trouble as a simple succession of events, and that the inferences I had arrived at were logical necessities which I had neither the power nor the right to withhold. With one of the defendants I had repeatedly consulted and exchanged the courtesies of friendly feelings. Neither of them had provoked my feelings, or been in my way of success. Moreover, the complainant had, under oath, most emphatically declared that I had at *no time* encouraged the suit, but that, on the contrary, I had done all in my power *in persuading him and his counsel from pressing the same.* Nevertheless, the defense seemed to take studious pains in trifling with me, hoping to discover the tendo-Achillis, that they might cut it with impunity.

If therefore the case became more aggravated, it was the fault of their indiscretion, or perhaps vindictiveness. I will not lose time, or fatigue the reader in rehearsing the small tricks which were, but unsuccessfully, employed to inveigle me in contradiction, or to irritate my temper. Nor will I refer to those silly questions which were intended to test my professional competency. The only question worthy to be considered here was substantially as follows: What differential symptoms did you observe in the case of complainant that led you to the conclusion you have stated? or in other words: Why were his troubles not brought on by a spontaneous perforation of the urethra? My answer was prompt and plain. *In the pending case the perforation was anterior to the stricture, in the other it would be posterior to the same.* In the former there was obviously a simple canal along the perinæum, accompanied by a simple traumatic inflammation, with subsequent suppuration; in the latter instance we have always more or less urinary infiltration with more or less sloughing of soft tissues. In the one there is, as we found it, a creamy or pure pus, in the other the abscess contains a mixture of pus, urine, and detritus. In the former, the urine appeared after some time in the opening of the abscess; in the latter, it is the urine that causes the false passage, and is therefore an inseparable symptom of spontaneous perforation of the urethra. Last, and not least, there was *that ominous ecchymosis* on the left side of the perinæum toward the thigh. Could that have any other causation than traumatic violence? Thus by

silly persistence the defence placed themselves in a dilemma which could but embarrass its own evidence. Fortunately for the defendants the opposing counsel had not sagacity enough, or not competent professional assistance, to avail himself of his advantage.

The defence first denied the malpractice; next, tried to prove that the false passage had been caused by my own heedlessness; and eventually alleged that it was legitimate to use that degree of force they had employed in the attempt of forcing the bladder.

On this point they produced as a witness a surgical expert from New York, whose name is, without any question, favorably known among the public and in the annals of surgical science. I certainly entertain a high appreciation of his surgical accomplishments. Not being present when he rendered his opinion, I have derived its tenor from another medical witness in the case, from documents purporting to be literal, and from the charge of the judge. According to that opinion it is legitimate to force a stricture in such cases, even at the hazard of making a false passage. He did not remember that he had been ever so unfortunate as to cause such a complication (which I verily believe), but he would not care if he had, in the attempt of saving a patient. This is certainly a strange surgical ruling. It seems to me that his head had less to do in laying down the principle than his heart. I apprehend that the doctor would have greatly modified and qualified his opinion if he had been properly cross-examined. I have in vain looked for a pendant of the same in any acknowledged surgical authority, and it seems to me totally untenable.

In the first place, every experienced surgeon well knows, that it is next to impossible to force a stricture if there is urinary retention of some time, and the bladder is much distended. False passage would seem to be inevitable. And this axiom is so well established, that prudent surgeons hardly attempt the passage of a catheter under those circumstances, but resort to medicinal applications which in most cases give relief if time is allowed for their action. Or they prefer the puncture of the bladder, which is comparatively a more harmless operation when carefully performed. I have myself passed a small trocar into the bladder so often, and always without the slightest inconvenience, that certainly I could not think of risking a new complication of a false passage in preference to puncture per rectum.

With this point the interest in the medical evidence is exhausted, and I will conclude with a few passing remarks on medical ethics.

There is a class of practitioners which is very clamorous for, and always seems to be in need of professional protection. They rarely want consultation unless it be to save themselves from the charge of neglect, or incompetency; they meddle with things which require a higher order of accomplishment, talent, dexterity or experience than they possess, and when they fail to procure such shielding protection, they imagine themselves the innocent victims of conspiracy and prosecution. A well-informed, diligent and competent practitioner needs no other shield than his knowledge. Ordinary skill and the adoption of established and recognized principles in the healing art, clear him in every court of justice from unreasonable charges and importunities. Prosecution is completely impotent. Nor can it for a moment be presumed that any practitioner would be so imbecile as to advertise his opponent by an unjust lawsuit. On the other hand, practitioners owe duties to the community, which allow no infringement by so-called professional class interest. If such illiberal maxims were entertained, they were equal to a most reprehensible conspiracy of physicians against their patients, to which of course no honorable man of the profession could lend himself.

Hospital Reports.

Philadelphia Hospital,
January. 1865.

Surgical Clinic of Prof. Gross.

Reported by W. W. Keen, Jr., M. D.

Stercoraceous Abscess.

Jan. 4th. A. æt. 30, was confined four months ago. Soon after a tumor appeared in the right iliac region, which has grown rapidly in the last three weeks. It is now well defined in outline, as large as a large orange, and extends inward and upward nearly to the umbilicus. The beating throbbing pain increased on sneezing and breathing deeply. It is very tender on pressure. She is unable to lie on the right side. She has discharged no pus per anum.

On using the exploring needle pus exuded I then opened the abscess with a bistoury, when some 16 oz. of pus spurted out with considerable and very fetid gas. I then introduced a tent, and ordered a poultice. I also gave an anodyne, and ordered twenty drops of tincture of iron three times a day.

8th. Doing admirably the tumor is softer: pus and blood to some extent is still exuding from the opening made. There has been no discharge of fœcal matter.

15th. The tumor is softer and smaller; but little pus is passing from it. Her health is well sustained.

Autopsy, Feb. 1st. She died on the 29th and the autopsy showed old adhesions between the surfaces of the peritoneum, especially at the liver. The liver was filled with tubercles, some very large and some looking very like scirrhus. The lungs and the pleura were also tubercular. The abscess was evidently of tubercular origin; the walls of the bowel were degenerated and broken down, the cavity of the abscess communicating freely with the bowel about the cæcum and ascending colon, but the parts were almost undistinguishable. There were tubercular deposits in the abscess and a firm clot of blood, probably from the operation.

Gangrene of feet from Frost-bite.

Jan. 4th. Man, æt 40. Three weeks ago he lay out all night in intoxication, and his feet were severely frosted. Subsequently, gangrene set in, and it now has extended on the left foot, including all the tissues to the middle of the foot, and on the right foot, including the sole and half the dorsum. There is a pretty well defined line of demarcation, and above it considerable inflammation, with a decided erysipelatous blush. The dead parts are shrunken, and black and green in color. Blisters appear on the inflamed surface. His tongue is dry: sordes on the teeth and lips; his appetite and sleep is poor; and he suffers a good deal. The line of demarcation not being defined sufficiently clear for amputation, I ordered him punch, with at least a pint of whiskey a day, broths and good food. His bowels to be kept open by oil; pain to be allayed by opium in large doses. Tinct. ferri chlor., gtt. xx, every 4th hour; for the fœtor, Liq. sodæ chlorin. and a poultice to be applied to the feet of flax-seed, with a strong solution of plumbi acet. and opium.

℞. Plumbi. acet., ℥ij.
Opii pulv., ʒij.
to the gallon of water.

15th. Health varies, now better, now worse. There is considerable subsultus tendinum, some wandering. The gangrene is proceeding, and the line of demarcation is more pronounced; on one foot the slough has been partly removed. Treatment continued.

Feb. 1st. He died a week ago. His delirium grew worse and worse, and he gradually sunk. The line of demarcation was still pretty well defined.

Autopsy. The autopsy showed a large quantity of adipose tissue still throughout the body, which the absorbents had been unable to take up. There were no metastatic abscesses, no congestion of the lungs, save at the posterior portion, on account of his position.

(Brain not shown.)

Club-foot.

Jan. 8th. Jenny W., æt. 13. Till two years ago she went to school but had noticed a tendency to fall, when standing or walking, by the yielding of her ankles. Two years ago she was taken sick and was in bed for a year, during which time, she suffered great pain in her feet and ankles. At present the muscles of the two thighs are sound and alike; those of both legs are wasted. Both heels are drawn up 4 or 5 inches from the ground, so that she walks on the balls of the toes. Both feet are introverted; the ankles convex, and both legs are cold.

I performed tenotomy on the tendo-Achillis of each foot, and by force restored them to the natural position. In a few days I will apply apparatus for their retention.

Scirrhus of the Rectum with Fistula.

Jan. 8th. Thomas L. æt. 40; sailor. His health and appetite are good; sleeps well, save that he is often waked in order to pass his water, which he does some eight or nine times daily. He has not lost weight; has no pain about the anus, but only a sense of weight; his tongue is clean. For two years past he has had great difficulty of evacuating his bowels, and especially for the last seven or eight months when he has had to go to stool three or four times daily with great straining. Occasionally he has passed blood. Eight years ago he had an abscess at the anus, and since then he has had a fistula, of which only he now complains. On examining the anus an œdematous tumor as large as an almond is seen on its left side, and the orifice of the fistula—a small one—on the right. On endeavoring to introduce the finger into the anus I discovered a still worse complaint—a tumor hard and unyielding about half an inch within the anus, greatly obstructing the bowel so that I could not introduce the finger further, and giving great pain on pressure.

Fracture of Lower Jaw.

Jan. 11th. Mary G., æt. 35. January 2d. in a fit of delirium tremens jumped from a window and fractured the inferior maxilla. There is a fracture at the symphisis, and one on each side near the base of the rami, that on the left side being comminuted to some extent. There is overlapping, especially on the left side, and the saliva cannot be retained. The jaw can be moved considerably. The upper jaw has lost several of the front teeth by the fall.

On account of the overlapping I had to wire the adjacent teeth, and then applied a binder's-board splint and a figure of eight bandage over the head and jaw.

March 11th. The fracture has healed, excepting at one point where there is some little necrosis. There is also—a necessary result of the great comminution—some unevenness, and consequent deformity, which will be remedied to a great extent by absorption.

Stricture of the Urethra.

Jan. 15th, Charles C., æt. 50, had an attack of gonorrhœa at 20, and has had stricture ever since. He now passes water 20 or 30 times per diem, the stream being of the size of a crowquill, sometimes twisted, and sometimes it divides into several streams. He has difficulty in starting the water; has to bear down and lean forward; often it stops suddenly, and the same difficulty in starting it again is experienced. He has neither hæmorrhoids; nor hernia; nor hydrocele.

On introducing a catheter the stricture was discovered at the membranous portion, and so firm and small, that no catheter could be introduced into the bladder. The introduction of the finger into the rectum did not suffice to overcome the ob-

stacle, but inflicted considerable pain. The compound catheter was then tried, but with no success. The urethratome was then introduced and the stricture divided, but no catheter even then could be introduced.

Feb. 5th, cut the stricture with the urethratome. It was a very solid one, and required considerable manipulation to introduce the instrument and divide it. A large sized catheter was then introduced and retained there; and a full anodyne administered.

Enlarged Tonsils.

Jan. 15th. A Girl, æt. 19, has always been healthy since childhood: however, she has had enlargement of the tonsils, so that her speech is considerably affected, and she is compelled to sleep with her head thrown back, and snoring. She has no night sweats, and her sleep is comfortble.

On opening the mouth (as is seen in Dr. Allen's drawing) the tonsils are seen to meet in the middle line, leaving two chinks, one above which is completely filled by the uvula, and the other below through which she breathes.

I removed a large piece from each.

Inflammation at Knee-joint and Caries.

Jan. 18th, Samuel D., æt 44, a lunatic; fell in the summer of 1861 and injured the knee-joint. The injury was succeeded by an abscess, of which he is now complaining. The leg it flexed and the foot twisted outward. There are a dozen or more apertures above and below the joint, especially on the antero-external surface of the leg, communicating with each other, and some of them with the knee-joint; one is as high up as the middle of the thigh, the pus having gravitated from the knee, which, in its flexed position is the highest portion of the limb. The joint is almost entirely anchylosed, and the system is excessively irritable, from the suffering and the long confinement.

Pus had collected in several places; this was evacuated and the limb ordered to be kept at rest on a double-inclined plane, with a lotion of plumbi acet. and laudanum, and good diet given.

Editorial Department.

Periscope.

The action of diseased Blood upon Blood Vessels.

In an article entitled the "Action of Medicines on the Blood Vessels" read before the Medical Society of the county of Kings, and published in the *Buffalo Medical and Surgical Journal*, Dr. R. Cresson Stiles relates the following experiments to prove that in the fevers the muscular tissue is directly affected by the blood-poison producing those results in the muscular system of the circulation comprehended under the term *fever*.

Portions of umbilical arteries from a cord just divided were dissected out and attached to ligatures. Blood was then drawn by cupping from a patient suffering from typhus fever. The blood was defibrinated and placed in one or more test-tubes. Healthy blood was treated in the same manner, and the prepared portions of the umbilical artery were suspended in the diseased and in the healthy blood, and exposed for a given time to a temperature of 100° F. In each experiment, after an hours immersion it was easily recognizable which portions of artery had been suspended in the febrile and which in the healthy blood, by the *flaccidity*, *discoloration* and lack of vitality manifested by the former, and the healthy appearance and re-actions of the latter. L.

A New Circulation.

Dr. Bence Jones, in a lecture recently delivered (says the *Boston Med. Journal*,) at the Royal Institution, says there are good grounds for believing that there exists within us, in addition to the mechanical or animal circulation of the blood, another and a greater and more strictly chemical circulation, closely resembling, if not identical with, that which obtains in the lower divisions of animals, and in vegetables. A circulation in which substances continually pass from the outside of the body into the blood, and through the blood into the textures, and from the textures either into the ducts, by which they again pass into the blood, or are thrown out of the body; or into the absorbents, by which they are again taken back into the blood, again to pass from it into the textures.—*Buffalo Med. and Surg. Jour.*

Reviews and Book Notices.

Materia Medica for the use of Students. By John B. Biddle, M. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, Member of the American Philosophical Society, Fellow of the College of Physicians, etc. etc. 8vo, Pp. 359, with Illustrations. Lindsay & Blakiston, Philadelphia, 1865. *Price* $3.50.

The author of the volume before us is well known to the students of medicine by his *Review of Materia Medica*, published some years ago. A second edition having been called for, Prof. Biddle has revised and enlarged it, and arranged it so as to correspond with the last edition of the United States Pharmacopœia. The work has been remodeled and in many parts rewritten, and we notice also, that numerous additions have been made to the list of articles treated of. The author does not design the work to take the place of the United States Dispensatory or the voluminous and systematic treatises of Stillé, Wood, or Dunglison, but intends it to contain a succinct account of all the articles of the Materia Medica, in use in this country, and to furnish a suitable text book rather than a mere compendium to the course of lectures delivered by him upon the branch. Most of the imprtant and indigenous plants are represented by illustrations. The volume is gotten up with excellent taste, and reflects much credit upon the enterprising publishers who present it to the pnblic.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 21, 1865.

THE "SOCIAL EVIL" AND THE MILITARY AUTHORITIES.

A few weeks since we published an extract from the correspondence of the *N. Y. Times*, detailing the manner in which the military authorities at Nashville had dealt with prostitution. After a fruitless attempt at suppression by the exportation of the lewd women, the evil was accepted as a fact, and systematized and directed by military authority. Strict and frequent examinations were instituted, hospitals for the diseased women were organized, and it is claimed that the former large number of cases of venereal disease in the western army was reduced to a very small figure.

A similar experiment is being tried in Mobile, as will appear from the following extract from an order from the headquarters of that district:

1. To mitigate the evils of prostitution, to prevent the increase of disease, and to provide proper medical attendance for such women as may be infected, it is ordered that a Hospital for the care of abandoned women be established, under the direction and control of the Medical Director of this city.

2. Such a system of registration and examination will be enforced as will lead to the detection of disease, and all the staff departments connected with these head-quarters will afford every assistance in their power to facilitate the execution of this order.

The sword not unfrequently cuts the knot over which wise and cautious minds have long labored. In this war, the military power in its enforcement of hygienic rules, has taught the civil authorities a lesson they well might heed, and it is appropos to inquire whether, as regards the subject under consideration, they have not inaugurated in this country a practice, which can with benefit be extended to our great cities.

It is true there is nothing new in this. It is simply the practice of licensing prostitution, and while thus giving it a legal existence, so guiding, guarding, and directing it as to prevent the spread of venereal disease. This is "suffering" one evil to exist under legal restrictions, in order to diminish another.

The very thought of legalizing such an horribly debauching vice is repugnant to all our moral feelings. It shocks all our sensibilities. But, looking at it, not from the stand-point of prejudice, but as physicians and philosophers, we may discuss the question whether, constituted as society is, the evil would not be diminished, if the law should recognize and regulate it.

Drunkenness is a vice little less heinous than prostitution—indeed, the brothel and the groggery go hand in hand. *Morally*, we say both should be prohibited by law. *Practically*, we ask—cani t be done with our present judicatory? The prohibitory liquor law in all large cities can be considered little less than a complete failure. Such, indeed, has recently been the testimony of a learned divine.

No law prohibitory of prostitution has, if enacted, ever proved, in this country at least, of any practical value. This vice does exist to an alarming extent. At every corner of the fashionable promenades of our large cities, the painted courtezan in her begraddled finery is lying in wait, while the light which, till long after midnight, streams from the crevices of the closed blinds of many a gorgeously furnished parlor, tells of the house which is described in Holy Writ as "the way to hell, going down to the chamber of death."

Our large hospitals teem with the results of illicit connection. Syphilis, in its horrible ravages, is poisoning thousands of the future, as well as of the present generations. Nor is it alone confined to hospital patients. Every practitioner sees it in private practice, in the best families oftimes. The destruction of health, not to say life, with the misery it too frequently entails upon the innocent offspring of the syphilitic-tainted, is painfully familiar to every medical man.

The questions present themselves: Can we prevent prostitution? If we can, why, if not for our own generation, for the sake of the innocent sufferers, does not the strong arm of the law stay the curse? If it cannot be prohibited, is it not our duty to control it so as to prevent the spread of disease? Could not a thoroughly systematized and carefully conducted system of examinations, with hospitals for the diseased women, prevent to a great extent, the spread of the venereal poison? These are questions of vast practical import, which should be well considered by the profession and the people, and we propose them in order to elicit discussion, and through our profession, call the attention of our lawmakers to the subject. Medical men are frequently members of our State Legislatures, and perhaps the only hope of reaching concerted action in them is through their influence.

Quack Medicines.

Upwards of £55,333 has been paid during the past year for the government duty on quack medicines in England.

UNIVERSITY OF PENNSYLVANIA.—CENTENNIAL.

The Medical Department of the University of Pennsylvania began its hundredth session last week. The centennial discourse was delivered at Concert Hall, on the 9th inst., by Professor Joseph Carson, M. D., the senior active professor in the school. The address, which was a historical one, and very appropriate to the occasion, was listened to with marked attention and interest by a large audience of medical men, students, and other friends of the institution.

It was in 1765, on the 3d of May, that a medical department was engrafted on the College of Philadelphia, and a Professor of the Theory and Practice of Physic appointed in the person of Dr. John Morgan. At the collegiate commencement, which took place near the end of the month, the new professor used the following prophetic language: "Perhaps this medical institution, the first of its kind in America, though small in its beginning, may receive a constant accession of strength, and annually exert new vigor. It may collect a number of young persons, of more than ordinary ability, and so improve their knowledge as to spread its reputation to distant parts. By sending those abroad duly qualified, or by exciting an emulation among men of parts and literature, it may give birth to other useful institutions of a similar nature, or occasion the rise, by its example, of numerous societies of different kinds, calculated to spread the light of knowledge through the whole American continent, wherever inhabited."

On the 23d of September, Dr. William Shippen was appointed Dr. Morgan's colleague, and the course of lectures was divided between them, Dr. Shippen lecturing on anatomy, surgery, and midwifery, and Dr. Morgan on all the remaining medical sciences, but with particular devotion to the theory and practice of medicine and materia medica. Dr. Shippen began his course on the 14th, and Dr. Morgan on the 15th of November, 1765.

Truly one hundred years has wrought a wonderful change in this mother of medical schools in America! Could Drs. Morgan and Shippen now stand before the classes that crowd the lecture-rooms of the University, with what wonder and astonishment would they be filled. The little one has almost literally become a thousand. The professorships have increased from two to seven, besides several lectureships on special branches of medicine and surgery. But the greatest change that has been wrought during this one hundred years is in the advancement of medical knowledge, and in the means made use of for imparting that knowledge to the student.

We would be glad to give a resumé of the address of Dr. Carson, but, we doubt not, it will be published shortly in full. On the platform were the Emeritus Professors, Drs. Gibson, Wood, Jackson, and Hodge, names that will long live in the memory of hundreds of graduates of this venerable school. May her career in the next hundred years be as glorious as that of the past!

Notes and Comments.

"Medical Simony."

Under this title the *Dublin Medical Press* discourses editorially on the "Ballyclough investigation" case, where, as it seems, the Poor Committee allowed the purchase of the Dispensary at Ballyclough, with the salary incident to the position, to be sold by Dr. Groves to Dr. Harrison, long before the advertisement of the vacancy had been issued to the medical profession, constituting a flagrant act of simony. The investigation appears to have been conducted in a partial spirit, so that the case will probably be carried to a higher tribunal. Our excellent cotemporary takes strong grounds against this system of "Medical Simony."

Epidemic Hospitals.

A valuable suggestion has been made by Mr. Meekins of the Rathdown Union, Loughlinstown, Ireland. He proposes the erection of sheds for the reception of cholera cases. The *Dublin Medical Press* says regarding it, that such a "measure should be promptly adopted in all places where the use of suitable buildings cannot be obtained; due attention being paid to convenience to the masses of the people, as to locality and other circumstances. We are the more persuaded of the benefit to be derived from such a course, considering the consequences which result from sick persons remaining as centres of disease, and obliged to crowd in a room which is used alike for cooking, work, and as the sleeping-room for the whole family."

No better measure could be adopted in our larger cities, in case of another cholera epidemic, than the removal of all the sick from the overcrowded districts of the poor, to temporary shed or tent-hospitals.

Announcements of Books.

Henry C. Lea, of this city, successor to the late firm of Lea & Blanchard, announces the following works ass hortly to appear:—

Taylor's Principles and Practice of Medical Jurisprudence. From early sheets.

Ashton on the Rectum. Revised edition.

Winslow on the Brain and Mind. Second American, from the third English edition.

Pereira's Materia Medica and Therapeutics, condensed by Farre.

Flint's Principles and Practice of Medicine.

Tanner's Manual of Clinical Medicine. Revised edition.

Correspondence.

DOMESTIC.

Attempted Suicide with Strychnia.

Editor Med. and Surgical Reporter:

A few years ago, a young physician of New York city, (I forget his name,) committed suicide by opening the femoral artery, and then inhaling chloroform to render himself insensible to the probable sufferings of his last moments of earthly existence. I do not remember of having read or heard of any other instance of one of our profession committing an act of this kind; but a case of an *attempt* by a physician to destroy his life came under my observation about three weeks since in this city. As his recovery is a matter of astonishment to himself as it no doubt will be to others when they learn the facts of his case, I present a brief statement of the occurrence for publication in your valuable journal; but, for evident reasons, withhold the name and the causes which led to the unhappy act.

In the afternoon of Sept. —th, Dr. —— went into one of the most respectable and popular drug stores in the city, and wrote the following prescription, and giving it to one of the principal clerks, waited for it to be put up, which was done in a few minutes.

℞. Strychniæ, gr. iv.
Sacch. alb., ℥j. M.

He told the druggist that he would divide it into the proper doses himself when he got home, and so had it put into a vial and labeled in accordance with the prescription. There was nothing in the Doctor's manner or appearance to indicate anything wrong in his purpose, and the gentlemanly and intelligent druggist had no idea but that it was all right to give him the poison in bulk. During that afternoon and evening he took several drinks of whiskey, and wrote letters to different persons respecting his suicidal act. About 11 o'clock, he went to his room, laid the letters on the table so that they might be seen by others, and then took a tumbler with about half a gill of water, and poured the poison-dose into it, adding a large drink of whiskey, and stirring it with a tea-spoon until the medicine was all dissolved. He then swallowed the whole of it, and in five or six minutes after took another drink of whiskey. In the course of twenty minutes the effects became manifest, but not as he expected, as it was his intention, when he first thought of committing suicide, and started to the drug store to get the deadly article, to take *morphia*. But ere long after swallowing the fearful potation, he was convinced that he had taken *strychnia*, and knew what horrible sufferings would be the result before death could take place. The terrible spasms of the muscular system, the lightning-like jerks of the limbs, the "throat-latch grip," strangulation, and all the horrible phenomena attending a fatal dose of this medicine, are well known to medical men generally, and I will only remark on this point, that the Doctor went through the whole catalogue of the horrors and sufferings of a living death, and during the latter part of the night it seemed impossible that he could live. He was finally relieved by chloroform and morphia in solution, but the muscular spasms did not entirely cease until the afternoon of the next day, and the lameness or stiffness of the limbs and neck, and consequent debility of such an experience as he went through continued for several days. During all the long hours of his unspeakable suffering, through that night and the next day, and when it seemed impossible that he could live through another spasmodic shock, his mind was perfectly clear, and he was entirely resigned to his fate.

The people in the house became alarmed soon after the distressing symptoms of the poison were developed, and physicians were sent for, but none arrived until near three hours after he swallowed the dose. It therefore had every advantage of its destructive powers upon his life. Three weeks have passed, and he is now entirely well. Had the *whiskey* he drank any influence in preventing a fatal result?*

I can vouch for the facts as here stated, and will leave the subject for such remarks as you may think proper to make. I have been looking over Christison and Taylor on poisons, and they have records of fatal cases from much smaller doses than the Doctor took.

Tracy E. Waller, M. D.

Philadelphia, Oct. 1865.

* Whiskey is probably responsible for the attempt at suicide, but very likely had also everything to do with the failure of the attempt.—Ed. Med. and Surg. Reporter.

Pension Examining Surgeons.

The following appointments have been recently made:

New York.—Dr. Wm. Gulick Watkins, New York city.

Maryland.—Dr. W. M. Wright, Baltimore.

Kentucky.—Dr. Samuel Ford, Newcastle; Dr. William Phillips, Mt. Sterling.

Illinois.—Dr. Isaac H. Reeder, Lacon.

Wisconsin.—Dr. Henry McKennan, Sauk city.

Iowa.—Dr. J. H. Hodge, Wauken; Dr. J. R. Ward, Evanstown.

MARRIED.

Archbald—Windship.—At Roxbury, Mass., Oct. 4th, by Rev. Dr. George Putnam, Mr. Edward Archbald, of Montreal, and Miss Fannie Vernon, daughter of the late Dr. Charles M. Windship, of R.

Barbour—Sutton.—Oct. 1st, at the residence of the bride's mother, Amelia, Ohio, by Rev. John W. Fowble, Dr. N. J. Barbour, and Miss Eunie K. Sutton.

Brewer—Mills.—At Ithaca, N. Y., October 4th, by the Rev. F. N. Zabriskie, Dr. John W. Brewer, U. S. A., and Emma J., daughter of Surgeon Madison Mills, U. S. A.

Brownlow—Cliffe.—October 3d, Brigadier-General James P. Brownlow, Adjutant-General of the State of Tennessee, and Miss Belle Cliffe, daughter of Dr. D. B. Cliffe, of Franklin, Tennessee; Governor W. G. Brownlow being the officiating minister on the occasion.

Cathcart—Durkee.—In York, Pa., October 3d, by Rev. H. E. Niles, Dr. Thomas L Cathcart, of Washington, D. C., and Lucy A., youngest daughter of the Hon. Daniel Durkee.

Dirickson—Cummins.—At Smyrna, Del., on the 11th inst., Dr. James C. Dirickson, of Berlin, Worcester county, Md., and Eliza Blackiston, daughter of thelate Daniel Cummins, of the former place.

Hunter—Stewart.—In New York, on Wednesday, Sept. 27th, at the residence of the bride's father, by Rev. Dr. Irvine, assisted by Rev. J. B. Dunn, Dr. Alexander S. Hunter, and Eliza E. Stewart, eldest daughter of John Stewart, Esq.

Lanning—McDonald.—At the residence of the bride's father, Philadelphia, on Wednesday, the 11th inst., by Rev. W. D. Siegfried, Dr. Henry L. Lanning, of Bridgeton, N. J., and Miss Agnes McDonald.

O'Hara—McCunney.—On the 12th inst., in this city, by Rev. James O'Reilly, Michael O'Hara, M. D., and Frances, daughter of the late Richard McCunney, Esq., of this city.

Owens—Keever.—At Mason, Ohio, Oct. 4th, by Rev. L. Clark, Dr. J. B. Owens, of Lebanon, Ohio, and Miss Mary M. Keever, of Mason, Ohio.

Ranney—Sawyer.—At Sommerville, Mass., October 2d, by Rev. Charles Lowe, Mark Ranney, M. D., Superintendent of the Insane Asylum, Mount Pleasant, Iowa, and Miss Martha W. Sawyer, of S.

Savage—Adams.—At Stockbridge, Mass., October 5th, by Rev. Dr. Parker, Albert B. Savage, of Toronto, C. W., and Sarah Williams, daughter of Dr. L. S. Adams, of Stockbridge.

Stevenson—Hamilton.—At No. 987 St. Catherine's Street, Montreal, on Wednesday, Oct. 2d, by the bride's father, assisted by Rev. D. H. McVicar and Rev. E. J. Hamilton, William G. Stevenson, M. D, of Morristown, N. J., and Mary, third daughter of Rev. Wm. Hamilton, D. D.

Winchell—Mitchell.—October 10th, at the residence of the bride's father, in Southbury, Conn., Alverd E. Winchell, M. D., and Mary, only daughter of Elizur Mitchell.

Woodruff—Buckingham.—October 5th, at the residence of the bride's father, by Rev. J. A Bomberger, Mr. Caleb L. Woodruff and Miss Lydia A. Buckingham, only daughter of Dr. T. L. Buckingham, both of this city.

Wurts—Wood.—In this city, on Tuesday morning, the 10th inst., at St. Luke's Church, by the Rev. Dr. Howe, Charles Stewart Wurts, M. D., and Mary S., daughter of Chas. S. Wood.

DIED.

Blackwood.—Fell asleep in Jesus, on the 3d inst., after a lingering illness, John Blackwood, son of Dr. B. W. Blackwood, of Haddonfield, N. J., aged 22 years.

Cheston.—In this city, on the 7th inst., Mrs. C. Louisa, widow of the late Elijah Cheston, M. D., and daughter of the late Smith Law, Esq., aged 34 years.

Conant.—In New York, on Sunday, Oct. 8th, after a short but painful illness, David S. Conant, M. D., aged 40 years.

Ducachet.—In Georgetown, D. C., Henry W. Ducachet, Jr., M. D., Surgeon-in-Chief of the garrison of Washington.

Ferris.—In New York, suddenly, on Saturday, September 23d, Eldad H. Ferris, M. D., eldest son of O. L. Ferris, in the 32d year of his age.

Moon.—At Athens, Georgia, on the 4th inst., Mrs. Elizabeth S. Moon, wife of R. D. Moon, M. D, and daughter of Major Thomas Stockton, deceased, late Governor of Delaware.

Olliffe.—In New York, on Saturday morning, Oct. 7th, Dr. William J. Olliffe.

Seeley.—In Louisville, Ky., on the 25th ult., of inflammation of the bowels, E. K. Seeley, M. D.

OBITUARY.

Henry W. Ducachet, M. D.

Dr. Henry W. Ducachet, Jr, surgeon of volunteers, died in Georgetown, D C, a day or two since, after a brief illness, of typhoid-pneumonia. The deceased was appointed at an early period of the war, a surgeon in the army, and for a long period was the medical officer in charge of the Officers' Hospital in Georgetown—a post he filled with great ability, and from which he was removed to occupy the more laborious and responsible station of Surgeon in-Chief of the garrison of Washington. Dr. Ducachet was the only child of the Rev. Dr. Ducachet of this city.

Dr. John Forrest, C. B.

One of the most distinguished medical officers of the British army, Dr. John Forrest, C. B., recently died at Bath, at the age of 61 years. Dr Forrest entered the army as a hospital assistant toward the close of the year 1825, and early in the following year, by his diligence, became an assistant surgeon. For his services in Africa he had received the Kaffir medal, and the medal and three clasps for the Crimea: also the fourth class of the Medjidie and the Turkish medal In May, 1850, he was gazetted as surgeon-major; a deputy inspector general in May, 1854; and inspector-general in December, 1858. In 1856, in recognition of his valuable professional talents, he was made a companion of the Order of the Bath, and was subsequently made an honorary physician to her Majesty.

ANSWERS TO CORRESPONDENTS.

G. A. R, Panama, S. America—Tanner on Diseases of Children sent by Mail Oct. 11th.

A. M., Massilon, Ohio.—Pereira's Prescription Book, sent by Mail Oct. 11th.

E. A. O., Tuscarawas, Ohio.—Pereira's Prescription Book, sent by Mail Oct. 11th.

F. L. K., Alberton P. O., Canada West.—Neil & Smith's Com pend, sent by Mail Oct. 11th.

J. W. B., Almond, N. Y.—Set of Surgical Instruments, sent by Express Oct. 13th; also Pereira's Prescription Book by Mail Oct. 11th.

S. Y., Auburn, Maine.—Skeleton, sent by Express Oct. 2d.

T. S. S., New Boston, Ill.—Artery forceps, sent by Mail October 12th.

M. R. Elmira, N. Y.—Pereira's Pocket Prescription Book, sent by Mail Oct. 14th.

METEOROLOGY.

October	9,	10,	11,	12,	13,	14,	15.
Wind	W.	S. W.	S. W.	N.	N.	N.	N. E.
Weather	Clear.	Clear.	Cl'dy.	Clear.	Clear, White Frost.	Cl'dy, Rain.	Cl'dy.
Depth Rain						6-10	
Thermometer.							
Minimum	51°	55°	57°	55°	34°	36°	46°
At 8 A. M.	65	68	65	58	49	46	54
At 12 M.	69	76	71	59	52	56	56
At 3 P. M.	70	76	71	58	55	57	55
Mean	63.75	68.75	66.	57.50	47.50	48.75	52 75
Barometer.							
At 12 M.	30.1	30.1	30.	30.	30 1	29.8	29.4

Germantown, Pa. B. J. Leedom.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64 Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers,* of No. 414, Feb. 4, 1865.

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Original Department.

Communications.

CASE of POISONING by A RATTLESNAKE BITE—TREATED WITH BI-SULPHITE OF SODA.

By G. M. Staples, A.M., M.D.,

Of Dubuque, Iowa.

The observations and experiments of Drs. Polli and De Ricci upon the action of sulphites in zymotic or catalytic diseases, induced me to try the bi-sulphite of soda in the following case. The treatment, as will appear, was not confined exclusively to this; and how far the result was influenced by other remedies used, I leave the reader to judge.

Our main reliance was upon the sulphite, to neutralize the poison already introduced into the general circulation at the time the patient was seen, and I may add that, in my own estimation, if the favorable termination was attributable to the course pursued, this remedy is entitled to the major share of the credit.

It may not be improper to state that several cases of snake-bites have happened in past years in the section of country where this patient resides, and some deaths have occurred in consequence.

Case. Jacob Schuster, German; farmer; stout; aged about 30 years; lived twenty miles in the country.

On Saturday, July 8th, 1865, at 2, P.M., while mowing he cut off the head of a rattlesnake, said to be of medium size, the part containing the head being two or three inches long. While brushing the grass aside to find the head, it struck him at the root of the right thumb-nail, and required considerable violence to shake it off. I saw the patient Monday morning, the 10th, at 7 o'clock, forty-one hours after the accident. Neighbors report that he was immediately on being bitten seized with excruciating pain,—the arm rapidly swelled to the shoulder,—in two hours vomiting of blood in large quantities,—blood in the alvine and urinary evacuations. Patient had slept none, and had been treated with whisky, snake-root, and other domestic remedies.

Found the hand and arm greatly swollen, and purplish-black. Shoulder and right chest to median line were swollen and discolored, and discoloration extended down right side to hip. Hand and fore-arm were covered with large blisters, filled with dark blood and serum.

The thumb was one extensive blister, that had burst in several places, from which black blood was oozing. At the base of its first phalanx was a fissure, from which arterial blood rapidly dropped. Blood was oozing from the gums and lips, and none of it would coagulate. Owing to the condition of the thumb, the number of punctures by the reptile could not be determined. The countenance had the anxious shrivelled look of a cholera patient. Tongue cold and bleached—respiration 30, and labored—pulse 100, weak and thready—intellect clear—skin cold, and bathed in a clammy perspiration.

Patient complained of a severe pain in the palm of the hand, of which the entire hard cuticle was raised by effused blood in a large conical blister. The odor of the breath was putrid, and the hand and arm had a peculiarly disagreeable, nauseating smell, such as I never experienced before.

Treatment. Two fluid-drachms tinct. iodine were injected by the endermic syringe into the thumb near the place of wound, and all the parts affected thoroughly painted with the same. Hand and arm were then enveloped with cloths wet with a saturated solution of bi-carbonate of soda. Bi-sulphite of soda was ordered to be given internally, in scruple doses, every half hour for four hours,—then every hour for six hours,—then every two hours for twelve hours; and lastly, to to be continued every four hours. Twenty drops tinct. ferri chlor. were directed to be given every four hours, when the time for giving the bi-sulphite once in four hours had arrived, alternating with the latter remedy,—the parts to be painted night and morning with the iodine,—the alkaline solution to be continued, and the diet to be rich.

Thursday, July 13th. Visited the patient this morning,—had heard from him daily. Attendants report that he was delirious Monday night,

and continued very low until Tuesday noon: since then he has been rapidly improving. Patient slept well, for the first time since the accident, on Tuesday night, and also had last night a good night's rest.

Had no movement of the bowels since my last visit. Urine quite abundant, somewhat colored, with an occasional shred of coagulum. Appetite returning,—able to sit up, and have his arm dressed; swelling considerably diminished; blood coagulated in the blisters; color of integument about the elbow and in the arm changed to a dark-red, analogous to the attendant discoloration of phlegmonous erysipelas. Hæmorrhage had ceased from lips, gums, hand and fore-arm. Breath had lost its putrid odor: but smell still disagreeable from hand and arm, though in a much less degree than before. Tongue of nearly natural warmth and color, respiration 25, pulse 88 and fuller. Patient's countenance much changed for the better; had lost its anxious look, and was fuller and more cheerful. Pain diminished, and no nausea experienced since the administration of the bi-sulphite.

Ordered a dose of sulphate of magnesia to be given immediately; the application of tinct. iodine to the affected parts night and morning to be continued; the hand, fore-arm and elbow to be poulticed with flaxseed, saturated with the alkaline solution; the bi-sulphite and iron to be given each, every six hours, and the patient to have a generous diet, with half a cupful of whisky two or three times a day.

Monday, July 17th. Found patient convalescing finely. Cathartic operated Thursday night, and bowels had since been regular. Appetite very good; urine quite natural. Patient had rapidly gained strength, and could sit up most of the day. Swelling and discoloration mostly gone from the parts, except the hand, which was still much tumefied, and the integument on the back of the thumb to the base of the first phalanx had sloughed away. Pain had quite disappeared; respiration 22—pulse 80.

Directed that iodine be used twice a day upon the hand, and the poultice to be continued upon the hand only. Bi-sulphite and iron to be given, each three times a day.

Monday, July 24th. Patient rode to town to-day. Complains of being somewhat fatigued, otherwise feeling quite well. Tumefaction has nearly disappeared from hand, and the thumb mostly healed. There is considerable hardness along the inner aspect of the arm and about the elbow, as if from extensive organization of lymph, impairing to some extent flexion and extension. No pain or tenderness.

Dismissed patient, who returns home to-morrow, with directions to wash well the limb daily with a solution of chloride of sodium, and apply the iodine about the elbow, until motion became freer.

August. Patient is reported as well, except that motion in the elbow is still considerably impeded.

SURGICAL CONTRIBUTIONS.

By Louis Bauer, M. D.

Of Brooklyn, N. Y.

III.

Subcutaneous Laceration of the Urethra in Actu Coitionis. Followed by Hæmorrhage and Extensive Ecchymosis. Eventuating in Urinary Fistula.

Surgical writers advert to lacerations of the fibrous sheath of the cavernous bodies of the penis, but I have not been able to ferret out a precedent case of the one which has lately come under my charge.

The patient, some thirty years of age, had, at about 7 o'clock in the evening, attempted several intercourses, when, on a sudden, he felt intense pain in his penis, which disqualified him to consummate the act. On examining himself, he found blood pouring forth from the urethra. His penis became immediately enlarged, and, with the adjoining integument, discolored.

I saw the patient at one o'clock that night. He was very pallid and cold, and felt so exhausted from the loss of blood as to need copious stimulants. Penis, scrotum, perinæum, and inguinal regions deep-blue from extravasation of blood, and the integuments of the penis so much distended as to give the virile member a monstrous size. The prepuce, more especially, was almost raised to a blister, as we may find in dropsy, if not more so. At the junction of the penis with the scrotum, there was a circumscribed collection of blood, which, on pressure, would be discharged into the urethra. In addition to this, there was retention of urine.

To all appearance, the patient had sustained a transverse laceration of the floor of the urethra, about three and a half inches from its aperture.

The extravasated blood had partly diffused in the connective tissue, partly collected in a space below the wound, from whence the hæmorrhage had taken its course through the urethra. Subsequently, the blood had in a measure coagulated and given rise to the circumscribed distension.

The insertion of the catheter was imperatively demanded, 1st, to relieve the bladder, and 2d, to

prevent the urine from coming in contact with the wound of the urethra, thus causing urinary infiltration. For this purpose, the catheter should remain in situ. The execution was, however, extremely difficult, for the prepuce overlapped the gland by more than an inch, and left scarcely space for the passage of the instrument; the orifice could, of course, not be brought in sight. Next, there was the wound, which is so apt to misdirect the point of the catheter. Nevertheless, after repeated and unsuccessful attempts which, however, affirmed my diagnosis in reference to the transverse laceration of the urethra, I at last effected a proper lodgment.

Directing the catheter to be retained, I left my patient in a comfortable situation, at about three o'clock A. M., anticipating no further difficulties in the management of the case; but in this I was doomed to disappointment.

It seems that a few drops of urine had found their way into the space alluded to, in spite of all precaution; the formation of an abscess was the consequence. The opening of the same disclosed a free communication with the floor of the urethra. For three weeks the catheter was used; during this time the abscess firmly closed. The discoloration had likewise disappeared, and thus it seemed as if the status ante had been re-established. From some cause or other, the abscess opened again, with the usual preliminaries, after a closure of some six weeks. A free division will yet be needed to conclude the trouble. Beyond the singularity of the injury, there is no instructive feature in this case.

Hospital Reports.

PHILADELPHIA HOSPITAL, *January*, 1865.

SURGICAL CLINIC OF PROF. GROSS.

Reported by W. W. Keen, Jr., M. D.

Intra-Capsular Fracture of the Femur.

Jan. 22d. Julia C., æt. 100, (by her own account,) on the 19th inst., fell on the curbstone, striking her right thigh. Severe pain and loss of motion in the right leg was the immediate result.

At present, the right foot is everted, resting on its outer border, and the limb is at least 2 inches shorter than the other. The thigh is somewhat tumefied, but scarcely at all discolored. There is passive mobility of the joint. The right leg, by easy and gradual extension and counter-extension, can be made of the same length as the other, and when thus lengthened crepitus is readily elicited on its rotation. Her arteries, as perceived at the wrist, are ossified.

Treatment. I placed her limb on a double-inclined plane of pillows, where it may stay for two weeks, and then she may go about on crutches, with short splints and a bandage to the thigh and groin. I ordered her good diet, stimulants, her bowels to be kept soluble by enemata, and pain to be allayed by full anodynes.

Caries of Metatarsal Bones from Glass.

Jan. 22d. Charles McC., æt. 45. In October, he fell into a culvert and cut his foot badly on the sole with some glass. Part of it has been abstracted, but more is suspected. Erysipelas set in, and at present the wounds are not healed. On the dorsum of the foot there are several ulcers, the result of abscesses. Several days ago, a hard substance (glass?) was felt by the probe, but on probing to-day, it could not be felt. I cut down upon the metatarsal bone of the middle toe, and removed the most of it, since it was carious, but could not find any glass.

Amputation at the Hip-Joint.

Jan. 29th. Margaret T., æt. 9. Fourteen months ago, she was scalded over the whole left leg and on the right knee. Instead of healing, it grew worse and worse, and five months ago she entered the hospital. She is very pale, white, anæmic, and has lost a great deal of flesh. She has a great deal of pain, but her appetite is good. Besides food, she takes daily f. ℥vj. of brandy. The left leg is retracted, the knee being approached nearly to the chin, and the knee-joint is almost in a state of firm anchylosis; it is so withered as to be, even at the thigh, scarcely thicker than an ordinary wrist; and from the ankle to near the hip it is one continuous scab, exhaling the most horrible odor, enough of itself to impair her health most seriously. The prognosis of the case is extremely unfavorable for an operation, from her weak and reduced condition, and from the fact that erysipelas, both traumatic and idiopathic, is in the hospital, though in different and distant wards; but as it is the only possible hope of relief, it must be given her.

Compression of the aorta at the fourth lumbar vertebra was effected by Dr. LEVIS with his hand, and the femoral also was compressed by Dr. AGNEW just at Poupart's ligament. The leg was then taken off by anterior and posterior flaps, (in fifteen seconds,) and the arteries secured without the loss of more than f. ℥ij. of blood. Brandy was then given to her when she became conscious, and in the course of two or three hours, the wound was dressed with sutures and adhesive strips, and a full anodyne administered.

Gonorrhœa.

Feb. 5th. Thomas R., æt. 21. Sixteen days ago he had an impure connection, and six days after inflammation set in. The head of the penis is red, and at the orifice of the urethra is a drop of purulent matter. He has scalding in passing his urine, but he is not obliged to pass it more frequently than usual. He has no pain in the testicle. The stream of water is smaller than usual

He was placed on low diet; rest.

℞. Magnes. sulphat., ℥ß.
Antim. et potass. tart., gr. ⅛.
Copaibæ, gtt. xv.

four times daily.

An injection was ordered of chloride of zinc, gr. iss., and acetate of lead, gr. iss., to the ounce, and ordered to be retained for several minutes. His penis was to be immersed in salt and water three or four times a day, and on account of the inflammation of the glans, to be dressed with acetate of lead and opium, and he was to be purged every third night.

In-growing Toe-nail.

Feb. 8th. Mary J., æt. 30. For six years, the nail of the great toe of the left foot has been incurvated on both sides, producing great pain.

Took out the two sides of the nail, with the corresponding portion of the matrix; leaving the centre. Dressed it with adhesive strips, warm water dressings, and a poultice in a day or two.

Paralysis of the Bladder.

Feb. 8th. Samuel B., negro, æt. 77, butcher, of temperate habits. His father suffered from general paralysis. Nearly a year ago he fell suddenly in the street, in an insensible condition. Ever since that his right arm and leg, especially the former, are paralyzed. The arm is contracted, and the fingers flexed, with inability to move the arm. His memory is impaired, and also his voice. For three months he has been unable to retain his urine, which constantly dribbles away. It contains a large amount of mucus scales. The actual cautery was applied to the lumbar region of the spine, and strychnia, gr. 1-25, ordered four times a day.

March 11th. He is improved, though not so much as is desirable. Can hold his water, however, far better.

Scald.

Feb. 8th. Mary S., æt. 30, was scalded a few days ago with the steam from hot ashes. The scald is on the middle of the chest, and about one foot square. The surface is raw, and covered with cacoplastic lymph. It is only a superficial scald, embracing the cuticle, and at some points the cutis vera. It is covered with granulations. The pain she suffered for a few days was intense; she could not sleep at all; but when the ordinary white lead, mixed to a thick cream with linseed oil, was applied, in her own words, "it took her right to heaven." She is doing well under its use. No danger exists from lead-poisoning, and if it did, the sulphuric acid lemonade would be the only prophylactic needed.

Carbuncle.

Feb. 14th. Henry C., æt. 65. He is of temperate habits; has no fever; no appetite; has tumor on the back of the neck, ulcerated in a sieve-like fashion, with a hard base; the pain is of a dull burning and aching character; the skin livid, and the tension great.

It was opened by three or four cuts, going into the hard base. A yeast poultice, with plumbi acet. and opium, was ordered. Also to sustain his system, the tinct. ferri chlor., quinine, and a good diet, and the pain to be allayed by morphia.

Soft Chancre.

Feb. 14th. Patrick F., æt. 35. Six days after an impure connection, which was on the 4th, the disease broke out. He has no fever; his skin, bowels and tongue are in a good condition. The prepuce is tightly drawn over the head of the penis; there are seven small ulcers; one on the frænum, one on the glans, the rest on the prepuce. They are superficial, with soft edges, covered with a thick creamy pus. He has no gonorrhœa, nor bubo.

Rest was enjoined upon him; his diet restricted; he was ordered to be well purged, and the antimonial and saline mixture, with verat. vir. ordered. The penis was to be elevated, well washed several times a day in warm water and salt, and a poultice, with acet. of lead and opium, to be applied, and when it is partially healed and needs stimulation,—

℞. Cupri sulphat., gr. ½,
Tannin,
Opii, āā gr. ij,

to be applied to the penis, with warm water dressings.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D., Recording Secretary.)

(Continued from page 255.)

Wednesday evening, Sept. 13th, 1865.

SUBJECT FOR DISCUSSION—TYPHUS FEVER.

Dr. Benjamin H. Coates:

Mr. President, I wish I could add something of interest to what has been said by Dr. Condie on the subject of typhus fever. But I do not expect to enter into it at any length, and merely accept the invitation of a friend to open the discussion this evening.

The subject is a comprehensive one, though Dr. Condie has treated it a great deal in the manner of definition; it opens up many points that might be discussed. I do not know that he spoke very clearly of the rapidly congestive cases which terminate very early or in a very few days. These have been classed, I believe, among typhus fevers, though generally reported under the name of *cerebro spinal meningitis*. It would hardly be right to go over the whole subject, but I cannot say that I agree with him on several points. I never thought that the doctrine of poison now popular in the United States was proven. That the presence of the disease is owing in part to some unwholesome changes in the condition of our fluids, is undoubtedly true; but the ideas commonly attached to the word *poison* are very clear and definite, poison being generally understood to be a substance put into a man's body, which produces unwholesome results. I do not think that in cases of this disease the poison has ever been identified in any definite scientific form. I do not then see very clearly why it should be called a poison; that appears to me to be assuming what is not proven. What are thus called poisons are really, in my opinion, such matters as should only be called impure effluvia in the air.

The Doctor did not allude to diseases of the

glands of Peyer and Brunner. I believe that in some well-marked cases, according to the largest practitioners and most extensive observers in modern anatomy, they have occurred in instances which come under the Doctor's description of typhus fever.

I understood the Doctor to take the ground that all the morbid changes of other parts of the body that are strongly marked in their character, such as inflammation of the lungs, etc., are diseases existing at the same time with typhus fever; that they are complications of that disease. Now, I thought the opinion was very prevalent that the typhus fever had a tendency to produce many of those things. Its exact origin in the system, or what part of the human body is first affected by it, has been a subject of much discussion, and I never thought that the evidence to prove its existence in any particular part of the body was very clear, though it is certainly very strong as to an early decomposition of the blood. Now what causes this decomposition of the blood, this imperfection in coagulation? The idea is generally received of an imperfect chemical change in the lungs from the inhalation of bad air, depression of the mind (which is certainly not a chemical agent), hardship, want of food and similar causes inimical to health. It has never been shown to consist in a particular or definite poison. I confess that it seems to me that the appearances in typhus fevers confirm very strongly the idea of a general state of disease which is incapable of very clear definition. I do not think any narrow description which is capable of being sustained, has yet been produced. I understood it to be the object of the Doctor's lecture to make such a narrow definition. He complains of confusion existing up to the present time in the discrimination between typhus fever and diseases resembling it; and I am not sure that the Doctor's analysis of the subject has removed that confusion. We do not find that any particular stage of morbid disorganizations is so constant or so regular as to permit of this disease being distinguished as a species, but it produces a great many others. That these should all be owing to intercurrent diseases and complications, seems to be a very short way of remedying the difficulty, but I should judge it more natural and correct to consider them as consequences. I confess that the subject appears to be so general, so vague, and so indefinitely known, that, in my opinion, the most useful results we are likely to attain, are likely to arise from simply recording the history of the practice and treatment in all the varieties of the disease as they occur. The difference between this and other diseases is by no means so easily traceable as that between two species of plants or animals, and the latter is not the subject of so much difference of opinion.

The Doctor has not touched upon what is now called in this country typhoid fever, and which is at present so frequently met with. Nor do I recollect that he has noticed the classification of typhus fever by dividing it into cephalic, thoracic and abdominal—a distinction much used on the continent of Europe.

Dr. Atkinson. I was very much pleased to hear my good friend Dr. Condie take ground in favor of the use of stimulants. We have recently been attacked, and the epithet "rum doctors" applied to us, for our position in this particular. I read, the other day—a London paper—in which all those practitioners favorable to the use of stimulants were regarded as "rum doctors." I felt that I was particularly pointed at, as I have used stimulants for many years and with great success. A number of my friends have taken ground with me in this respect—Dr Gebhard, for instance, who is not present this evening, who considers that the treatment could be as well carried on without as with the use of alcohol. I have never been deceived by those remedies. I trust that some of the gentlemen who have had experience on this subject will say something in regard to it.

Dr. J. M. Corse. I concur fully in what is contained in the admirable paper which has just been read, and I was pleased to see that attention was called to the fact, that there appears to be in typhus fever two distinct characters—one in which the nervous system is principally affected, and one the blood. How much they depend upon each other it may not be possible to determine. But we all agree that in the treatment of both of them, stimulants are required.

I was particularly pleased to notice in the course of the Doctor's remarks the idea which he advanced of the necessity for good ventilation, and his allusion to the fact of the origin of the disease in crowded conditions and unhealthy atmospheres, showing that one part of the treatment was to give the patient a good ventilation. Undoubtedly there is much power in the system to cast off the disease, supposing it to be a poison. We may suppose that the poison is taken into the blood, and there sets up a catalytic action which reproduces itself. We then have the secondary action on the nervous system, and that accounts for the nervous phenomena. Or the poison may attack the nerve centres primarily, and the blood become affected afterwards.

But I regret that the Doctor did not give us the connection between the typhus fever and the so-called spotted fever. In a number of cases I have treated this season, we have had the prominent symptoms so similar, that I have been induced to believe that spotted fever, as a disease, had no existence at all, but was only a variety of typhus fever, in which the nervous system suffered most—probably the spinal marrow in most cases, and the brain in others; I would be willing to regard it as typhus fever directing its force particularly upon the nervous system.

In regard to the matter of stimulants, I intended when I arose to allude to that particularly. I must confess that I have a great objection to the use of alcoholic stimulants in the practice of medicine. That is a general remark. But whatever objection I have is overcome when the necessity arises for their use. In the cases of typhus I have treated, I have, in a number of them, given large doses of quinia and opium, and highly nutritious food, with occasionally alcoholic stimulants—brandy and whisky, whisky and milk, wine and beef tea I am quite willing to say that alcoholic stimulants are, in many instances, absolutely necessary to save the patient's life.

My dose of quinia, generally speaking, is about eight grains a day with two grains of opium, divided into eight pills, a dose given at intervals of two hours, combining this treatment with highly concentrated animal food—beef essence or beef tea. Of course there is a class of stimuli besides this—ammonia and all the other stimuli in the materia medica, as the case may require. It does not exclude these, but I would take up too much time in alluding to the whole of the stimuli that are used on these occasions.

Dr. Cheeseman. I would like to ask Dr. Corse how frequently he gives alcoholic stimulants, especially where the symptoms are those of cerebro-spinal meningitis?

Dr. Corse: In those cases I have not generally given alcohol at all, and in some cases very sparingly. I have given a little wine, quinia, or Peruvian bark in some form, with ammonia.

I am sorry to be under the necessity of stating that the cases of *cerebro-spinal meningitis*, or the so-called spotted fever—those cases in which I attributed the deaths in the certificate of death to that cause—death has invariably ensued, not one of the patients recovering. This may be due to the fact that I entered the cases of all that did recover, under the head of typhus fever. From the peculiar bent of my studies and thoughts on the subject, I have been inclined to conclude that spotted fever had no existence as a distinctive disease, that it was only a variety of typhus, in which the typhus poison, so-called, spent its violence upon the nervous system. Some cases of typhus fever which I have treated, and which recovered, had decidedly the opisthotonos element in them. The cases were those in which the fever spent its violence on the nervous system, either on the brain or on the spinal cord.

Dr. Cheeseman: I would like to ask the Doctor whether he has seen any symptoms of spotted fever in connection with any other than typhus fever; for instance, with the phenomena of purpura spots.

Dr. Corse: I did see that element in some cases of measles and some other affections.

I may here mention another observation which I have made in treating the disease. It is, that the dissolved condition of the blood shows itself in various ways, among others in the formation of a large amount of the coloring matter of the bile. This is more apt to occur towards the close of the disease, or the beginning of convalescence, and manifests itself by the rapid formation of a very great jaundice, and the urine greatly loaded with the coloring matter of the bile.

Now, when I use that word jaundice, I open up another subject altogether. What is jaundice? It is simply the altered coloring matter of the blood which furnishes the coloring matter of the bile. There is a rapid disintegration of the red coloring matter of the blood in typhus. There is a typhus fever described by the German writers, which is called a typhus exanthematicus, and in which the dissolved state of the blood corpuscles shows itself in spots on the skin. It was one of the ways in which the blood corpuscles got out of the veins. I have not had a single case of hemorrhage of the bowels; they all passed off either by jaundice or by the urine.

Dr. Benjamin H. Coates, in reply to some remarks that had been made, referred to cases of *purpura* and *purpura hemorrhagica*, which were not uncommon in Philadelphia, and which he presumed most of the members present had seen. There were also cases of bleeding families where persons lost blood from very slight causes and the constitutional peculiarity was transmitted to their descendants. These cases, though rare, were said to be more common in the United States than in any other country in regard to which the circumstances were known.

In regard to jaundice, there was no doubt that the coloring matter of the bile exercised no particular or violent irritation in the blood-vessels. It had been proved by Frerichs, in the most unquestionable manner, that a very great proportion of cases of jaundice depended entirely upon the relative mutual pressure of the fluids in the four distinct classes of capillaries in the liver; the arterial, those of the vena portarum, those of the hepatic veins, and those of the biliary ducts. The perfect freedom of communication between these four sets of vessels, when submitted to injection, was known in every dissecting-room. That the coloring matter of the bile was produced from hæmatin, Dr. C. had no doubt; but he did not think it was proper to consider both as the same substance. It was well known that very acrid matters were produced from the materials of the blood, as in the urine.

Dr. Corse: I thought I was quite distinct in conveying the idea that jaundice was a healthful symptom, a simple return to health, or an exhibition of the power of nature to throw off disease. Now, bile itself simply consists of two peculiar acids of fat, cholesterine, mucus, and coloring matter. All parts of the body disintegrate and decay. They have a process of origin, development, and growth, a period of duration, decay, and death: and this is the course which the blood corpuscles run. The blood corpuscles consist of several parts, of a cell, wall, and contents; and the interior parts, which consist for the most part of coloring matter; and the coloring matter, when ready to be thrown out, undergoes a change into biliverdin or biliphain. It has been repeatedly shown that the biliverdin is only a part of the bile, as it were *compagnon du voyage*, on its way out of the system, and the liver is the means by which it is to be cast off; and when too much is made, the liver objects to its being cast off by that road, it is thrown out of the inner into the connective tissue. It is first shown in the eyes, and produces a peculiar appearance on the surface of the body. That it is a healthful act always, I have no doubt.

Dr. Coates. In the few remarks I made, my object was to object to some expressions made use of in the discussion that sounded to me like asserting that biliverdin might be considered as identical with *hæmatin*.

I am well aware that there is a prevailing opinion in favor of the use of stimulants in the treatment of typhus fever. To this I give a most unqualified accession. Yet it should be borne in mind that it is one of our most solemn duties to endeavor to guard against producing in the patient a habit of using these substances.

Dr. Cheeseman: The question which I put to my friend, Dr. Corse, a few moments ago, in regard to the presence of purpural spots, was partly in reference to a case which was under my treatment two years ago, and which was quoted here by a gentleman who had been in consultation with me in the case, as spotted fever. A gentleman, about fifty years of age, living on Green street, was taken sick. When I was called to see him, he had been under the treatment of a homœopathist for about a week or so. I found him suffering with congestion of the lungs, a cough, swollen face, and with a purpural appearance all over the body, which afterward amounted to purpural eruption. He was so seriously ill that another physician was called in consultation, who pronounced his disease "spotted fever." My own idea corresponded with that of the patient, who was perfectly sane, and who at once told me his disease. He said, that while residing in the south, he had witnessed cases of the *black measles*, and added, "Doctor, I have got the *black measles*, and am going to die." I noticed an eruption, intermingled with purpural spots. He had perfect command of his intellect; there were no cerebro-spinal symptoms at all; but there were the usual symptoms of measles.

After three days attendance, he died. I was with him at the time of his death, and immediately the rubeolus eruption faded away, leaving the *purpural* spots. Two other physicians were called, and they differed in opinion from both of us, calling it a case of purpura hemorrhagica. The matter rested until last year, when in a family that I was attending, three children were attacked with the measles, and one day one of the children became somewhat worse. The next morning, purpural spots broke out all over the body. I took one of my friends who had been to see the other case, to see this one also, and he considered it so confirmatory of my diagnosis in the other case, that he acceded to that diagnosis.

I knew also of a case of so-called spotted fever which did not produce any of the symptoms, and yet a gentlemen whom we all respect and know, and believe well of, and who has seen many such cases, pronounced it "spotted fever," and subsequently referred to it here as "spotted fever."

[To be continued.]

Editorial Department.

Periscope.

Removal of Tumors from the Larynx through Division of the Pomum Adami.

Dr. Duncan Gibb communicates to the Transactions of the British Medical Association, giving a case with remarks, as "the first attempt in England to remove a growth from the larynx, through division of the pomum Adami."

A young maiden lady, aged 29, had for two years been variously affected with hoarseness or aphonia. Breathing obstructed for two months. Efforts at speaking cause pain. Right wing of thyroid cartilage had been swollen, decidedly prominent, and somewhat painful for five months; sensation as if something was being drawn up the larynx.

On examination with the laryngoscope, a large furrowed and lobular growth was found with irregular outline of an ashy grey color, springing from the root of the epiglottis, extending to right side of larynx, involving the false cord and covering the whole of the true vocal cord, as well as the anterior part of the left true cord.

The tumor was successfully removed, April the 20th, by division of the pomum Adami, it having been necessitated by urgent symptoms of dyspnœa a week before to perform tracheotomy.

In regard to the tumor, Dr. Andrew Clark, to whom it was submitted for examination, describes it as follows:

"The portions of tumor are of three kinds; one consisting of thickened mucous membrane, with sessile cauliflower growths; another of dense fibrous tissue, with minute extravasations of blood, the third of soft friable matter. Structurally, the first represents compound warts; the second, nucleated fibre (fibro-plastic or muscular) tumors; and the third, the transition stage of a simple epithelial into a cancerous epithelial growth.

The patient survived the operation just twelve months. Before death it became apparent that not only was the larynx quite blocked up by recurrence of the original disease, but that it had extended to the pharynx at its lower part, and had almost completely obstructed any channel downward.

Dr. Gibb gives the following chronology of the operation:

Prior to the use of the Laryngoscope.

1. Braners, of Louvain, 1834.
2. Ehrmann, of Strasbourg, 1844.
3. Buck, of New York, 1851.
4. Case at Heidelberg, mentioned by Pirogoff.

Aided by the Laryngoscope.

1. Buck, of New York, 13th of April, 1862.
2. Ranchfuss, of St. Petersburg, 1862.
3. Sands, of New York, 28th of Feb. 1863.
4. Busch, of Bonn, 24th of June, 1863.
5. Debron, of Paris, 7th of November, 1863.
6. Bœckel, of Strasbourg, 1864.
7. Gibb, of London, 20th of April, 1864.
8. Ulrich and Lewin, of Berlin, 31st Oct. 1864.
9. Gilewski, of Cracow, Dec. 1864.
10. Gouley, of New York, 26th Feb. 1865.

The case No. 9 (Dr. Gilewski's) is communicated to the *Wiener Med. Wochenschr.*, June the 28th, and July the 1st, 1865—and an abstract of it is found in the *British Med. Journal.*

The patient was a girl 16 years of age, where three polypous excrescenses, partly flesh, partly mucous were removed by this method, after having been discovered by aid of the laryngoscope.

In Dr. Gouley's case the patient was a child, 6 years old, from whom a cauliflower growth, filling the larynx, was removed by division of the pomum Adami, after tracheotomy had been performed two months before.

☞ There are over Fifty articles in this number of the Reporter.

Antagonism of Opium and Belladonna.

Regarding the antagonism of opium and belladonna, Dr. Thomas Boakin quotes in the *Dublin Medical Press* from the experiments of Dr. Camus, as published in the *Gazette Hebdomadaire*. A large number of full-grown rabbits and sparrows were experimented on. The conclusion arrived at is, that death took place more rapidly when atropia was given as a counterpoison against opium, than when the animal was allowed to die from the effect of opium alone; but that coma was more pronounced under the influence of morphia alone, and that from the appearance of the symptoms one would have thought that the life of the rabbit which had gotten the atropia appeared to be less compromised than that of the rabbit which was left under the sole influence of the opium. Dr. Camus concludes with regard to the experiments on rabbits, that he has proved with a majority of three to one, that belladonna is not antagonistic to opium, and if we confine ourselves to morphia and the extract of opium, the narcotics generally in use, we will find an absolute negation of the antagonism; and finally he concludes that the antagonism which is believed to exist between opium and belladonna, appears to him to be the result of facts badly interpreted, that that antagonism does not exist in the rabbit nor in the sparrow, and he thinks it does not exist one whit more in man.

Aneurism of the Thoracic Aorta.

Dr. Potain of the hospital St. Antoine gives in *Union Médicale*, (*Dublin Med. Press*) an interesting case, in which aneurism of the thoracic aorta was diagnosed by means of the laryngoscope. The patient, on admission, suffered mainly from cough, aphonia, and dyspnœa, and was treated for laryngo-bronchitis. But as the treatment had no effect, Dr. Potain, convinced that the mischief lay in the larynx, examined the organ with the laryngoscope, and to his surprise found the mucous membrane in a perfectly healthy state. The cause of the aphonia, however, was at once explained by a complete paralysis of the left vocal cord. Hence it appeared probable that the left recurrent nerve was affected in some part of its course. On further investigation, Dr. Potain was able to observe deep down in the trachea on its left side, a reddish and projecting surface, which prevented the first division of the bronchi from being seen. No pulsation, however, was observed in it. This fact, however, with certain auscultatory signs, led to the diagnosis of aneurism, which was confirmed by autopsy. The recurrent nerve was found closely pressed between the tumor and the trachea; it was flattened and transformed into a kind of ribbon, and could only be recognized by its continuity with the pneumogastric nerve. All the laryngeal muscle supplied by the left recurrent were more or less atrophied.

Transfusion of Blood.

Dr. Panum recommends, according to the *Brit. Med. Journal*, that in transfusing blood, defibrinated blood should be used. The fibrine is quickly reproduced, becoming normal again in forty-eight hours, and exercises no direct influence on the restoration of vital manifestations. Hence, defibrinated blood is preferable to non-defibrinated blood when used for injections, because the danger of injecting clots is thereby avoided, and because defibrinated blood is more highly charged with oxygen than ordinary venous blood.

Extraction of Soft Cataract by Suction.

Dr. T. Pridgen Teale strongly recommends the extraction of soft cataract by suction and suction instruments, in a paper read before the British Medical Association. Teale's operation has been described formerly in this journal. He sums up the advantages of the operation as follows:

1. It is more easy to remove soft cataract successfully by suction, than by any method hitherto in use.
2. It is more speedy in its results.
3. Most soft cataracts, whether complete or partial, can be removed at one operation.
4. When the operation is duly performed, there is rarely any formation of opaque capsule, requiring a secondary operation. This is certainly the case, as far as I have seen, with complete cataracts, and may possibly prove to be so in incomplete cataracts also.
5. Most cases of soft cataract can be treated as out-patients with impunity, so little disturbance is produced in the eye by the suction operation.

Arsenite of Strychnia.

M. Ceresoli, (*Med. Press*, from *Journal de Pharmacie*,) proposes to make arsenite of strychnia by the following process: 3.12 grammes of caustic potash, 3.30 grammes of arsenious acid—boil together with 40 grammes of water. Then, separately he takes 2 grammes, 65 centigrammes of sulphuric acid, and adds 20 grammes of water, and after boiling, dissolves 12 grammes of strychnia. The two solutions—the arsenite of potassium and sulphate of strychnia—are then added together boiling, and thrown upon a filter. The insoluble part almost entirely consists of sulphate of potassium. The solution is then evaporated to dryness and dissolved in alcohol, which leaves behind all the sulphate of potassium. The alcoholic solution may be left to spontaneous evaporation, when, in about two days, perfectly-formed cubic crystals will be observed. In taste, it is metallic and bitter, soluble in alcohol, less soluble in ether, soluble in 10 parts of boiling, and 35 of cold water.

Anthracite Coal as a Remedy.

Dr. Dyes (*Dublin Med Press*), recommends anthracite coal as an excellent remedy in cases of gastric and intestinal irritation, catarrh, or inflammation. He has given it in catarrh of the stomach, anorexia, cramps of the stomach, chronic jaundice, habitual constipation, hypochondriasis, anæmia, chlorosis, congestion of the spleen following intermittent, typhus, scurvy, scrofula, etc., and intestinal worms.

The article must be very finely pulverized, and may be given in doses of fifteen to thirty grains in the day in some convenient form.

Chloroform Internally a Remedy for Congestion.

Under this title Dr. A. P. Merrill, of N. Y., published a short article in the *New York Med. Journal*, in which he strongly recommends the internal use of chloroform in all cases of congestion. The author has observed no signs of anæsthesia from the article thus used. Its effects upon the system, when used internally, are, to equalize the circulation of the blood, improve respiration, relieve congestion of the skin, restore and compose the mental faculties, and produce quiet sleep. Sometimes the sleep thus produced is followed by considerable nervous restlessness; but this is only temporary, and causes no permanent inconvenience.

The author relates among others, a case of *pulmonary hæmorrhage*, which was greatly relieved by the administration of four drachms of chloroform in the course of half an hour.

We have used chloroform internally with much benefit, in dysentery and other affections. This article has not of late received the attention it deserves as an internal remedy.

Paralysis of Arm resulting from Carious Tooth.

At a meeting of the Medical Society of the county of Kings, Dr. Whitney related a case of partial paralysis of the arm, consequent upon caries and exposure of the nerve of the lower dens sapientia of the right side, which Dr. Peters the Secretary of the Society reports in the *Buffalo Medical and Surgical Journal*.

The patient was a thin, spare woman, 40 years of age, nervous temperament, had had but very little pain in the tooth, but for several weeks or months considerable pain in the right side of the neck, extending to shoulder and arm, with rigidity of the muscles, and, at times, immobility of the arm. On raising the hand to the face to locate the pain, it fell to her side. On coming in contact with the nerve in probing the tooth, the effect was more manifest in the arm than in the tooth, by painful twitching of the muscles, with inability to raise it, so much so that she took hold of it with the other hand. The usual mode of devitalizing and removing the pulp and filling the cavity entirely removed the symptoms in the arm.

Ozone.

Mr. Carey Lea, of Philadelphia, finds that ozone checks the growth of the roots of plants. The ozone he used was generated by the action of sulphuric acid on chameleon mineral. An English physician states that catarrh is induced by ozone. The Dr. also finds that the proportion of ozone in the atmosphere is one part in a thousand, but that it is almost entirely absent in crowded or dirty localities.

Lemon Juice as an Anodyne Lotion in Cancer.

Dr. Brandini, of Milon, says that lemon juice, or a solution of citric acid, relieves the pain of cancer when applied to the sore as a lotion. The discovery was made accidentally and the value of the application was confirmed by repeated experiments.

Reviews and Book Notices.

The Practice of Medicine and Surgery, Applied to the Diseases and Accidents Incident to Women. By Wm. H. Byford, A. M., M. D., Author of "A Treatise on the Chronic Inflammation and Displacement of the Unimpregnated Uterus," and Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical College. Lindsay & Blakiston. Philadelphia, 1865. *Price* $5.

The above work, whose title is presented, is a handsome octavo volume of 560 pages. The subject-matter is arranged in thirty-three chapters as follows: Chapter I. Diseases and Accidents of the Labia and Perineum. Chapter II. Diseases of the Vulva. Chapter III. Vaginitis. Chapter IV. Menstruation and its Disorders. Chapter V. Menorrhagia. Chapter VI. Dysmenorrhœa. Chapter VII. is devoted to Metatithmenia, or Misplaced Menstruation; a term which refers to the cause rather than the result of sanguineous effusion, usually known as retro-uterine hæmatoma, uterine hematocele, etc. etc. Chapter VIII. is devoted to Acute Inflammation of the Unimpregnated Uterus, while Chapter IX. begins a series upon the Chronic Inflammation of the Uterus and Cervix. The first of them treats of the General Symptoms; the next, the Local Symptoms, followed by Etiology, Prognosis, Complications of Inflammation of the Cervix, Position of Inflammation, Progress and Terminations, and Diagnosis. In Chapters XVII., XVIII., General and Local Treatments are detailed. A Chapter of twelve pages then succeeds upon Nitrate of Silver and its Substitutes. Chapter XX. is occupied with Treatment of Submucous Inflammation; Chapter XXI. Perimetritis; Chapter XXII. Displacements, their Philosophy and Treatment; and Chapter XXIII. Diseased Deviations of Involution of the Uterus. The concluding seven chapters are respectively devoted to Cancer of the Uterus, Tumors of the Uterus, Ovarian Tumors, Diseases of the Mammæ, Phlegmasia Alba Dolens, or Crural Phlebitis, Puerperal Fever, and Stomatitis Materna—or Nursing Sore Mouth.

From the table of contents, it will be observed that the author has presented to the profession a concise and comprehensive treatise on the subject of diseases of females. We congratulate Dr. Byford upon his success, and feel satisfied that the effort will be duly appreciated by those for whom the work is intended to instruct. Want of space does not permit an analysis of its contents, but we will say with all candor, that it is one of the best treatises on the subject ever submitted to the American profession, and will early be acknowledged as such. It is well written, and where necessary, is appropriately illustrated.

A little more attention to the writing of the prescriptions that are inserted throughout the work, would have been advantageous, so far as elegance and abstract correctness are concerned. As it is a fault with too many medical publications, we prefer not to say too much about it in this instance.

The volume is gotten up in excellent taste, with well-defined printing, good paper, and substantial binding.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 28, 1865.

HOSPITALS FOR THE INSANE, AND THEIR CURATIVE INFLUENCE.

We have before us three recently published documents on the subject of insanity—"*Nouveau mèmoire sur la nature et le traitement de la folie;*" "*L'école aliéniste française, l'isolement des fous dans les asiles, l'influence détestable de ceux-ci,*" and a "*Pétition au Sénat sur le régimè des aliénés en France*—all by the same author, a prominent member of the profession in France, Dr. L. Turck.

The subject is of sufficient importance to demand attention, and the deductions which Dr. Turck would draw from the facts and statistics which he produces, are so radical, and the results which would follow the practical adoption of his views in the cure and treatment of the insane, are so revolutionary that we must refer to them somewhat lengthily.

In the petition addressed to the Senate of France, Dr. Turck states that the mortality among the inmates of the insane asylums in France is one-seventh, the greatest mortality existing during the first and second years.

The insane population of France, confined in asylums, which Turck looks upon as prisons, reaches, at present, the high figure of 28,000—which is to be doubled if the system of confining all insane in asylums is carried out; for the whole number of insane in France is about 60,000. The statistics of Charenton, given by Esquirol in 1838, show in eight years a movement of 1590 insane, of which 540 died, 518 were cured, and 528 returned to their families without amelioration; or *per annum*, 198 entries, 68 deaths, 64 cures, and 65 incurables.

M. Girard de Cailleux, an inspector-general of the insane, gives the following statistics of the Asylum d'Auxerre. Among 1506 admissions, during a period of 17 years, there occurred 478 deaths, 331 cures, and 697 incurables, *i. e.*, as a yearly average: 88 admitted, 28 deaths, 19 cures, and 41 incurables.

According to the statistics published by the authorities from 1853 to 1859, the mortality among the insane at la Salpétrière and Bicêtre was over 28 per cent.; and the 3267 insane patients transferred from Paris to departmental asylums, furnished a yet higher mortality—during 1844 to 1858, not less than 43 per cent. *per annum*.

In view of this terrible rate of mortality among this class of patients in asylums, Dr. Turck advocates not only that no further asylums shall be established, but that those already existing shall be cut down to the lowest possible figure, and that the authorities take measures to have the great majority of the insane taken care of by their own families, villages, and towns—to keep them as much as possible at home, and subject to as little restraint as possible. To strengthen his position, he cites his own experience in a little village in the Vosges mountains, which contained barely 1500 inhabitants, and where, in the course of forty years, he saw 18 insane persons, who all are yet living. Eight of them had *delirium tremens*, one incurably insane, the cerebral disease being due to a chronic otitis of a grave character, but the patient is calm and quiet; another has delirium tremens, but is inoffensive; another has acute mania, which will probably yield in a few weeks. The other fifteen are all re-established, and among them is a good number of very honorable, very sensible, laborious men, much esteemed by their fellow-citizens. "If," says Dr. Turck, "the physicians of these eighteen insane persons, among which, however, he classes eight cases of delirium tremens, had been less prudent, all would have been sent to an asylum; and there, instead of fifteen cures among eighteen patients, there would have been six cures, six deaths, and six cases of incurables. Here, then, is the result of the treatment of the insane in their families."

Now, is it true, as Dr. Turck alleges, that the high rate of mortality among the inmates of French insane asylums is really due to the system of isolation of the insane in hospitals, or is it owing to the internal *mismanagement* of these hospitals? If the former, then, of course, he is right to caution the Senate against the adoption of measures for the further increase of insane asylums. But, if the latter, then it is *reform in the administration* and *better management of the asylums* which is required. And here, this very petition furnishes one of the strongest proofs that it is not so much the principle of asylums, so to speak, but their *practice*, which lies at the bottom of the evil.

M. Girard de Cailleux, an inspector-general of insane asylums, says in a report approvingly cited by Dr. Turck:

"The insane of the Seine are objects of real want and insufficient care. . . . Generally, the clothing of the patients allows much to be desired, if not insufficient, torn, or unfit. I could cite asylums where I have found the patients hanging from and fixed to the walls by means of ropes, etc. . . . Alimentation is generally deficient in animal food, with an injuriously

large proportion of vegetable substances. . . The mortality, in consequence of abdominal affection, is one of the results of this vicious nutrition. . . . The watch kept over them is often insufficient, and inadequately exercised."

He then goes on to enumerate many more evils to which the poor unfortunates are subjected in the asylums, and finally, Dr. TURCK exclaims:

"To-day, at least three thousand insane succumb every year in our asylums to cold, hunger, insufficient nutrition, excessive work, and despair; while three thousand more, who could easily have been cured, if they had been left to the care of their families or communities, are rendered incurable."

All this shows bad management, bad administration of the French asylums. But does it prove that well-conducted hospitals for the insane should not be established or multiplied? If the insane in France die of *hunger, cold, insufficient alimentation*, as Dr. TURCK says, why not petition the French Senate for more and better food and clothing, and more fuel, instead of decrying the whole system of asylums? Or, does he believe that a nation which, *as a nation*, allows her insane to freeze and starve, will treat these wretched people better, when thrown upon municipal, family, or individual benevolence and charity?

Certainly, no statistics in the world, neither in England or Germany, least of all, the statistics of insane hospitals in the United States, show so fearful a mortality as that of France; and yet we have here the same asylums, the same isolation of patients from home and the outside world. Indeed, the mortality of our American asylums is *exceedingly low*, and if that is a criterion, speaks well for the *whole system*.

We are sure that Dr. TURCK, in his zeal for the welfare of an unfortunate class of men has allowed himself to be carried away by false reasoning. The very causes to which the high rates of mortality are ascribed, are, as we have said, the result of mismanagement and abuse, *not* a natural growth of the system itself. And we are too well convinced and assured of the necessity of places of refuge and even solitude for the insane, to allow ourselves to be carried away by the eloquent but fallacious reasoning of Dr. TURCK, and we hope the French Senate will not for a moment entertain in earnest the idea of ceasing to build asylums, and of curtailing those that already exist.

From Berlin we learn the death of Astronomer ENCKE, whose name will ever be attached to the comet he descried and traced through its recurrent orbit; while other important additions to our knowledge of the firmament will secure him immortality.

PROGRESS OF THE CHOLERA.

Cholera is still progressing in Europe, and it seems with considerable fatality. From our latest European news we compile the following items:

MALTA. "The disease has carried off in Malta, since the 3d of July, no less than 1318 persons out of 2143 attacked, besides about 130 among the troops.

"The cholera still lingers in Gozo, where it commenced later, that is, on the 21st of July. The attacks in that island, yesterday, were nine, and the deaths four, but a more favorable report is expected to-day. The total number of attacks there is 442, and the deaths 212, in a population of about 14,000.

"Several hundred Maltese have left during the week, on return to Alexandria. About 100 left this morning by the steamer Lydia."

GIBRALTER. "Cholera has been very busy here during the last fortnight, has ascended a step or two of the social ladder, carrying off a few victims, and descended again to attack with greater virulence than ever the lower classes, chiefly the convicts. They have lost upward of 40, and when one considers what alarm these deaths must cause in the little community, and how effectually they are shut out from the cheering influence of social intercourse, it is not to be wondered at that they quickly succumb.

"More than once we have had 20 deaths reported within 24 hours, and 27 on one occasion. Altogether, the deaths amount to 380. This is a large mortality in a population of 24,000, (including the garrison,) within 56 days. It is the most severe visitation from cholera which Gibralter has ever experienced, being already nearly equal to the total amount of deaths, and in excess of the daily rate in 1834.

"The civil population have suffered most. Easterly winds have prevailed. No returns are published. In this respect, it is difficult to say which course is the more wise. Official reports might allay the panic caused by rumors of mortality, exaggerated as they pass from mouth to mouth.

"Jew and Gentile are now alike smitten. The deaths among the soldiers give an average of 10 to each corps, besides as many women and children."

ITALY. Letters from San Severo to the 27th August, published by the *Naples Italia*, give a very distressing account of the condition of that town under the prevalent epidemic. The writer says: "Truly, 147 cases and 63 deaths in the course of 24 hours in a town, the population of which is reduced one-half by emigration, is a sad number. We were already short of doctors and nurses when the epidemic began to decrease, how much greater must now be our need when the malady has suddenly assumed greater proportions than in the worst days of previous mourning!

"It is folly to use reticence respecting the terrible condition of San Severo, San Micandro, and Manduria. The whole truth should be told, in order that we may better know how to remedy our great misfortune. May God grant that the

isolated cases that have occurred at Foggia, Torremaggiore, Poggio Imperiale, and S. Paolo di Civitale may not be the forerunners of a visitation of the epidemic."

Up to the 27th ult., there had been 676 deaths from cholera at San Severo. From the 30th ult. to the 1st of September, 134 persons were attacked in that town—62 cases being fatal. At Ancona the epidemic continues to decrease. The sanitary condition of Naples continues to be very satisfactory.

The total deaths in Marseilles on Friday, Sept. 1, were 64, of which 24 cholera. At 2 P. M. on Saturday, 34 deaths registered, of which 16 cholera.

The Levant. The accounts of the cholera in the Levant are more encouraging. It has disappeared from Alexandria, although it still lingers in Upper Egypt, on account of which clean bills of health have not yet been issued. The rise of the Nile above the average height has gladdened all hearts, and promises a splendid cotton crop.

From Smyrna, Constantinople, Odessa, and other ports, reassuring news is received. At Smyrna, according to a letter of the 13th instant, confidence was being restored, the epidemic having ceased for some days. A great deal of misery, however, required to be relieved. At Constantinople, where the disease has assumed the most gigantic proportions, it is at present limited to a few cases daily. From Odessa we learn that clean bills of health are now issued from that port.

Corfu, as indeed all Greece, I believe, continues free from cholera, but fevers were very prevalent. A steamer lately arrived at Corfu from Brindisi, reported a case of cholera there.

Spain. The U. S. Consul at Barcelona reports that the deaths in that city from cholera up to the 22d of August, had averaged about 12 per day, or about 115 in all. There have also been many deaths from other diseases, and although it is stated that over 50,000 people have left Barcelona during the last fifteen days, leaving at present, perhaps, 130,000 persons in the city, on the 21st instant there were 51 deaths.

France. According to the *Toulonnais* of Sept. 23d, fires were maintained in the streets of Toulon by the authorities, as a preventive of cholera. Fireworks were also let off at night!

The *Semaphore*, of Marseilles, of Sept. 20th, says:

"Some uneasiness prevails at Nice, in consequence of cases of cholera having occurred among strangers who arrived there sick. The authorities had adopted precautions to prevent the disease spreading. All persons arriving by steam vessels from Marseilles, are landed at Villafranca, where passengers and baggage are purified. Similar measures were adopted for travellers arriving by rail, but this precaution is now confined to the Italian operatives coming from Marseilles or Toulon."

Cholera has appeared in Paris, especially in Montmartre, Lachapelle, and the neighborhood around the Northern Railway Station. The Hôpital Lariboisiére has had from 20 to 30 cases a day, most of which proved fatal. The facts are allowed to be published only in medical journals and societies.

England. In Southampton several fatal cases have occurred, and considerable fear prevailed, amounting almost to a panic. As has been the case with us, the season has been remarkably dry. A Southampton correspondent of the *London Times* writes on the 3d inst.

"Scarcely a drop of rain has fallen for the last five weeks. A break-up of the weather is universally desired, since it is thought that a heavy downfall of autumnal rains, with such disturbance in the atmosphere as would be caused by the periodical equinoctial gales from the south-west, would probably have important and beneficial effects upon our sanitary condition."

A public meeting was called to devise sanitary measures, at which Dr. Wilbur stated that the cases which had occurred resembled in every symptom the disease as observed on former occasions, and that there could be no doubt there regarding the reality of another invasion of cholera.

The city was divided into forty districts, for the purpose of sanitary supervision by local committees, each presided over by a member of the city council.

Beside the cases at Southampton, an outbreak has taken place at Sholing Common and at Bitterne, situate relatively about four and two miles from Southampton, both healthy districts, situate on a gravelly soil, abundantly supplied with good water, and on former visitations of this epidemic totally free from any attacks. The two cases at Sholing Common have proved fatal; of seven cases at Bitterne, two have proved fatal. There is a marked prevalence of diarrhœa all over the district of Bitterne.

The weekly report of the Registrar-General on the health of London during the last ten weeks, says 127 deaths by cholera have taken place in the metropolis. It is called English cholera, but the Registrar says it does not differ essentially from the Asiatic and Egyptian kind.

Notes and Comments.

Short-sighted Policy.

A "Taxpayer" writing to the *Daily Times* of New York, utters the following growl. "The Commissioners of Public Charities are building at Bellevue Hospital a Medical College at the expense of the city. It is under the guise of a house for the treatment of out-door poor, but it is furnished with lecture rooms, and all the appurtenances of a college, such as Chemical Laboratory, &c. Now, as one of the taxpayers of the city, I want to know from the Commissioners by what authority they are doing this. If the citi-

zens are to be taxed in this way, for objects in which they have no kind of interest, it seems to me that their case is perfectly hopeless."

Then we suppose New York has "no kind of interest" in offering inducements to medical students to pursue their education in that city! Surely a "Taxpayer," if he "had to growl," could have found some more substantial ground in that city to stand upon, than the very enlightened liberal action of the Commissioners in question.

Dr. Charles G. M. Griffith, of Delaware county, Pennsylvania, killed recently by accident, was insured for $10,000 at the Traveler's insurance company of Hartford. This makes $38,000 paid to twelve policy holders by this company within ten months.

Correspondence.

DOMESTIC.

Internal Strangulation of the Small Intestines.

Editor Med. and Surgical Reporter:

During the latter part of September, 1865, I attended a young man for the above named complaint. I first saw him the evening of the day he was taken sick.

Monday morning he was well, and farmed until noon, at this time he was attacked with pain in the umbilical region. The pain was unceasing until he died, and confined to the same place. Vomiting commenced Tuesday morning, and occurred occasionally during the time he lived.

As he was very healthy, strong, and a young man, he was vigorously treated, with hyd. chlo. mit.; jalap. pulv.; āā gr. v; omne sec. hor.: ol. ricini: venesec: epispastic, and finally morphia and stimulants. Wednesday morning he died.

Post mortem on Thursday showed that more than a foot of small intestine had been strangulated; and was black—the rest of the intestines were of a healthy color. From the mesentery, about an inch from its intestinal circumference started a tube, the other end of which communicated with the intestine and emptied into its cavity. The tube was two and a half inches in length, and about the usual size of the appendicula vermiformes. The appendicula in his case was only an inch in length. By this tube a ring was formed, one half of which was the tube itself, one fourth mesenteric, and the balance intestine. Into this ring had slipped the strangulated mass of intestine. And so completely filled was it, that, it barely admitted the handle of the scalpel.

I have sent for publication the history of this case for two reasons: 1st. That this congenital affection had lasted for twenty-one years and never occasioned before this last fatal sickness any inconvenience—which is of itself a marvel. 2d. That such a cause of internal intestinal strangulation has never been mentioned by any writer on this disease—so far as I know. Hence, a congenital and adventitious growth is also a cause of internal strangulation of the intestine.

S. C. Thornton, M. D.

Moorestown, N. J., Oct. 1865.

Penetrating Wound of the Head.

Editor Med. and Surgical Reporter:

Colonel Carter Van Vleek, 78th Illinois Volunteer Infantry, was, on the 11th of August, 1864, whilst entering his tent, shot through the head by a sharp-shooter. The ball entered about two inches above the left orbit, not apparently comminuting or depressing the bone. When brought into the hospital he was perfectly sensible, and exhibited the same calm and collected manner that exemplified him on the battle-field, as well as in the council of military leaders—and if it was not for the blood, which, mixed with cerebral matter, oozed from the wound, one never could have imagined, that he had received so fatal an injury. Much difference of opinion prevailed as to whether the ball had entered the cavity, or not, as the entire absence of any urgent or unfavorable symptom, almost precluded the idea in the minds of some. The treatment of course had to be expectant, and all interference with the wound was omitted—cold water was the only local application. He lay with his face toward his pillow, both for the exit of any discharge, and in the hope that the ball, if within the cavity, might by gravitation, come toward the external opening, and be removed. Absolute quiet was of course enjoined. All the functions were natural, and everything seemed to indicate that a successful termination might possibly result. Thus it continued from day to day, no pain or uneasiness indicating inflammatory action. Rationally and calmly, he spoke of his death as a natural consequence from such a wound. On the 6th day, a tendency to sleep became more evident, which increased gradually, until coma supervened. He was however capable of being aroused, even to within a few hours of his death. The course of the ball had been traced directly backward, but no tendency to paralysis developed itself, nor were any of the natural functions of the body interrupted. Death ensued on the 10th day. After death the ball was found about three inches from the external opening, and was with difficulty ex-

tracted. The bone was *merely pierced*, not comminuted or depressed.

Edward Batwell, M. D.,
Late Surgeon in Chief, 2d Div. 14th A. C.
Detroit, Mich., Oct. 1865.

News and Miscellany.

The Metrical System.

We learn, from the *Dublin Med. Press*, that the decimal system of keeping accounts, and the metric system of weights and measures, were strongly advocated at the late session of the British Association. A report was presented to the Section of Economic Science and Statistics, suggesting the benefit of applying the metric system on the railways. "It is calculated," says the report, "that on an average, the clerks commit one error in every five hundred items, and the consequence is that the London and Northwestern Company are under the necessity of nearly doubling the number of clerks. For every one hundred clerks employed in weighing or measuring and taxing packages, nearly another hundred are wanted to correct the errors committed. But with a decimal and metric system, this liability to error is immensely reduced, and therefore a practical economic benefit procured. In the talk which followed, Sir John Bowring said it was quite clear that nature was in favor of the decimal system, or why had she given men ten fingers to count with? Mr. Wilson condemned the metrical system as "revolutionary, unnatural, complicated, and poetical." He denied Sir John Bowring's fundamental principle that man had ten fingers; he had eight. Sir John did not think it necessary to rise in vindication of the two thumbs, and the report passed with only one dissentient.

The Child's Doctor.

Says Roger, (Clinical Lecture, *Brit. Med. Journal*,) certain qualities are required in the child's doctor. He should be sagacious, quick of judgment, patient, and gentle. He should have the art of approaching and addressing children, of using their language, and entering their play. He should be fond of children, and if he has any of his own, he will more quickly find his way to the hearts of mothers. He should, as was said of Guersant, and as might be said of M. Blache, have a maternal heart. The physician should always possess the sentiment of compassion for his little patients, so well expressed by Rousseau: "Is there a being in the world more feeble, more wretched, more at the mercy of others, which more demands our pity, than an infant?" The diseases of infancy should appeal to the heart as well as to the skill of the physician.

Smoking.

A new "warning to smokers" is found in an analysis of the results of the contents of one good Havana cigar, which yields when its smoke is condensed, a sufficient amount of poisonous matter to induce active convulsions in a rabbit. Six pipes of common shag tobacco will yield sufficient poison to destroy a rabbit in three minutes.

The Russian Plague.

The following official statements from St. Petersburg show that there is no truth in the report of a "plague" in Russia, the disease which has appeared there being only the typhoid fever:

"*Consulate of the United States, St. Petrsburg, Russia, August* 14—26, 1865.—Dear sir; In answer to your letter of the 10th—22d instant, I would say that there is no disease now in this city which would render the landing of goods from St. Petersburg in any foreign port at all dangerous to the health of said port.

"I would also add that, according to the general testimony of all who have investigated the subject, no plague or epidemic disease has existed here during the past year; the so-called plague being nothing more or less than typhoid fever.

"I the more cheerfully give you this information, as the false report of a plague has been industriously circulated by persons hostile to the interests of Russia.

"Very truly, your obedient servant,
"J. Curtin, U. S. Vice Consul.
"I confirm this report. C. M. Clay.

On the other hand, the *Moscow Gazette* states that the Siberian plague is making terrific progress in the government of Perm, and in the districts of Ekaterinburg, Irbit, Nerchotowish, Kamuschlov, and Shadrinsk.

Diabetes in a Monkey.

Dr. Béranger, Ferand, recently related to the Société de Biologie a case of diabetes in a monkey. Being well aware of the liability to tubercular disease among animals brought from warm climates, he attempted to find the result of modifying their aliment; and for this purpose gave to two monkeys food more rich in nitrogenous matters than that which they ordinarily use. One of the animals refused to eat animal food, and soon died of acute tubercular disease. The other readily ate it, and at first appeared to thrive. But during apparently flourishing health, and a full supply of rich food, the animal became rapidly lean; and was troubled with unappeasable thirst. The urine increased in quantity, and left by evaporation a residue recognizable by chemical tests and the taste as glucose. Amaurosis and convulsions supervened; and the animal died three months after its arrival in France. There was found to be an excessive deposition of tubercular matter in the peritoneum, brain, liver, and other parts.—*Gaz. Méd. de Paris, and Brit. Med. Journal.*

Death of Professor J. L. Riddle.

The medical profession will recognize a loss in the decease of Prof. J. L. Riddle, Professor of Chemistry in the University of Louisiana, which occured on the 8th inst. Dr. Riddle was in his 60th year, and ranked with Wederstrandt, Stone, Hunt, and the best practitioners of the Crescent City. He was an able and scientific man, and his loss will be severely felt in the city of which he was a prominent member, and for which he had done very much.

Foreign Body in the Eye.

Dr. A. D. Williams, in a letter from Vienna, published in the *Cincinnati Lancet and Observer*, cites a case which he saw at the clinic of Prof. Arlt.

"A piece of cast iron, about *half an inch square*, had entered the eye, and remained there *over a year, without pain or inconvenience*, except some scratching of the lid. It had entered through the horizontal meridian of the cornea. It was entirely within the globe at first, but after the cornea sloughed and the ball atrophied, its anterior sharp edge protruded till it was about two-thirds within and one-third without the eye. Its width was greater than the diameter of the cornea. The mass was so firmly imbedded in the globe that it could not be drawn out without forceps, and the patient, refusing to have it cut, left the clinic with it still in the eye."

Death of Dr. McCook.

Dr. John McCook of Steubenville, Ohio, father of two Generals and one naval officer, and uncle of four more Generals of the same name, died in Washington on the 11th inst. at the residence of his son, Gen. Anson McCook. Deceased has a brother, Dr. George McCook residing in Pittsburgh.

Sad Result of Pride.

An agonizing story is told of a vain New York young lady, who, dissatisfied with her good, but irregular teeth, had fifteen of them pulled out to make room for a new and false set. In vain the dentist wished to spare her eye teeth. She would have them out. Nervous prostration followed the operation, and she died a victim to her pride, and leaving the set of false teeth she had ordered uncalled for.

Pension Examining Surgeons.

The following appointments have been recently made:

New York.—Dr. A. W. Holden, Glenns Falls; Dr. Horace C. Taylor, Westfield.

Pennsylvania.—Dr. J. C. Kinkle, Carlisle.

Meteorology of Japan.

In 1864 the mean temperature of Japan was 58.2—the maximum 89, the minimum 20 deg. 205 days were fair, 100 rainy or snowy, 61 cloudy. The rain fall was 71.44 inches. There were 14 earthquakes. The observations were made at Kanagawa.

The Ocean as a Source of Electricity.

The Paris correspondent of the *Chemical News* states that an important experiment has been made by M. Duchemin during a holiday at the seaside. He made a small cork buoy, and fixed it to a disc of a charcoal containing a small plate of zinc. He then threw the buoy into the sea, and connected it with copper wires to an electric alarum on the shore. The alarum instantly began to ring, and has gone on ringing ever since, and it is added that sparks may be drawn between the two ends of the wires. Thus the ocean seems to be a powerful and inexhaustible source of electricity, and the small experiment of M. Duchemin may lead to most important results.

New Test for Arsenic.

The wonderful delicacy of the previous tests for arsenic which have been thought to be almost perfect, are surpassed by the electrical test. By means of a simple apparatus all the arsenic in a substance may be rapidly extracted. Place a solution of arsenic matter in a platinum vessel, plunge a zinc wire into the liquid, and the arsenic will appear on the platinum; by prolonging the action the whole of the arsenic may be extracted from the compound. This process is superior in sensibility, and as it requires far less manipulation of the suspected substance, is much more trustworthy for toxicological examinations than the methods now in use.

A new Pyrometer.

Messrs. St. Claire, Deville, and Trooste, have invented a pyrometer capable of measuring a temperature reaching as high as 1,530 deg. C. At this heat the inventors state copper and silver are vaporized, and feldspar perfectly fused.

A new medical school is announced, says the *Boston Journal*, at Cairo, Ill., by Dr. Jos. N. McDowell, late of the Missouri Medical College, and Dr. C. W. Dunning, both of whom will be professors in the new school.

The Belgian Government has prohibited the importation and transit of raw hides, fresh meat, unmelted tallow, and other raw portions of animals of the bovine species.

Army and Navy News.

Surgeons Mustered Out.—The Secretary of War has ordered the muster out of the United States service of the following-named surgeons of Volunteers and lieutenant-colonels by brevet:—Horace Wardner, N. F. Marsh, Thomas Antisel, George L. Pancoast, G W. Hogenboom, O. M. Byron, H. P. Matthewson, Samuel B. Davis, Augustus C. Vandyne, E. M. Palmer, J. H. Ledlie Sylvanus Freeman, Francis Green, J. R. Ludlow, William Watson, J. D. Knight, W. H. Gobrecht, J. H. Phillips, Joel Leaverns, J. B. Lewis, S. M. Sherman, L. R. Stone, R. W. Peas, George R. Weeks, Howard Culweitzn, William S. Ely. J. V. Blaney, Lewis J. Rice, William H. Thorne, Charles McMilan, G. H. Hubbard, George L. Sutton, A. M. Speer, Henry Palmer, J. H. Curry, John Bradley, John L. Feed, J. M. Foye, A. R. Egbert, C. S. Wood, M. Clymer, S. J. Radcliff, H. S. Hewitt, C. N. Chamberlain.

Surgeons Ordered to Report for Duty.—Surgeon General Barnes has ordered the following officers to report for duty as indicated below:

Assistant Surgeon S. H. Horner, U. S. A., relieved from duty in the Department of Ohio, and ordered to charge of Jefferson General Hospital, Jeffersonville, Indiana.

Assistant Surgeon T. H. Ridgley, U. S. A., to report for duty to commanding officer of 16th U. S. Infantry, at Nashville.

Surgeon John Moore, U. S. A., relieved from duty in Military Division of Mississippi, and ordered to

Fort Independence, Boston Harbor, to relieve Surgeon Edward Cowles, U. S. A., who will relieve Surgeon J. Sevians, U. S. V., mustered out.

Assistant Surgeon Cyrus Bacon, jr., U. S. A., relieved from duty at Winchester, Va., and assigned to duty with 6th U. S. Cavalry.

MARRIED.

Andress—Cutler.—On Tuesday, Oct. 10, at the Presbyterian Church, Sparta, N. J., by the Rev. F. E. M. Bachelor, T. H. Andress, M. D., and S. Cecilia, daughter of the late Silas C. Cutler, M. D., of Morristown, N. J.

Carver—Humphrey.—In Granville, Oct. 11, at the residence of the bride's uncle, by the Rev. S. Talbot, Dr. I. M. Carver, of Kenton, Ohio, and Miss Amanda C. Humphrey.

Dolph—Brown.—On Thursday, Oct. 19, by Rev. Thomas S. Hastings, J. H. Dolph, and Caroline Louisa, second daughter of the late Stephen Brown, M. D., all of New York.

Livingston—McCall.—On Thursday morning, 12th inst., at the residence of H. Allen, at Bethel, Ohio, by the Rev. M. Z. Fagan, W. C Livingston, of Covington, Ky., and Miss Ollie, daughter of the late Dr. A. T. McCall, of Clermont, Ohio.

Lockwood—Carpenter.—On Tuesday evening, Oct. 10, in the Vine street Congregational Church, Cincinnati, Ohio, by Rev. S. H. Nichols, Mr. Frank T. Lockwood and Miss Helen H., daughter of Dr. J. B. Carpenter, all of that city.

Pinney—Nagle.—On the 19th inst., by the Rev. Thomas Brainerd, D. D., Mr. Charles J. B. Finney and Lizzie A. Nagle, eldest daughter of Dr. G. L. Nagle, of this city.

Riker—Stryker.—On Wednesday, Oct. 11, at Newtown, L. I., by the Rev. J. P. Knox, Samuel Riker and Mary Anna, eldest daughter of the late Dr. J. P. Stryker, both of Newtown.

Warrington—Glen.—On Thursday morning, the 19th inst., at Emmanuel Church, Holmesburg, Philadelphia, by the Rev. D. C. Millett, rector, Edwin R. Warrington and Frances, daughter of the late Dr. Edward J. Glen.

DIED.

Crase.—At No. 107 Ryerson street, Brooklyn, on Monday evening, Oct. 16, Ann Maria, wife of Charles Chase, Surgeon U. S. Navy.

Dailey.—At Smyrna, Del., Oct. 6th, Dr. E. D. Dailey, æt. 41.

Galen.—In this city, on the 18th inst., Gustavus E. Galen. M. D., in the 34th year of his age.

Moriarty.—In Boston, Mass., Oct. 20th, suddenly, of disease of the heart, Dr. J. M. Moriarty, formerly Port Physician at Deer Island, Boston Harbor.

Peck.—Suddenly, in Jamaica Plains, Mass., on the 10th inst., Mrs. Jane T. Peck, widow of Dr. William Peck, late of Cincinnati, deceased.

OBITUARY.

Dr. D. S. Conant.

At a meeting of the physicians and surgeons of Demilt Dispensary, held Oct. 14th, 1865, Dr. Wm. B. Bibbins presiding, the following resolutions were unanimously adopted:

Whereas, In the providence of God, our friend and associate, Dr. David S. Conant, has been removed from us by death;

Resolved, That in this event we personally, and this institution, have sustained a serious loss.

Resolved, That while we cannot in these brief terms fitly express the esteem in which we held him while living, some tribute of respect to his memory is demanded alike by our own feelings, and by his admirable character; therefore,

Resolved, That we recognize in him as a professional man, supreme devotion to his calling; excellent powers of perception, an independent logical method of thinking, a sound judgment, unfailing nerve, inventive faculty, address and dexterity; these qualities were sustained and applied by a temperament of uncommon energy and capacity for labor, controlled and directed by high moral principle, and a just sense of honor, enriched and adorned by a cheerful temper and a generous humanity.

Resolved, That in tendering to the bereaved family, and to the institutions with which he was connected, our heart-felt sympathy, we rejoice with them in the assurance that he was prepared to die as well as to live, and has now entered upon the fruition of the Christian faith and hope which he professed and honored among men.

Resolved, That the Secretary be instructed to transmit a copy of these resolutions to the family of the deceased, to the Faculties of Bowdoin and Burlington Medical Schools, and to such medical and secular journals as he may designate.

E. R. Peaslee, M. D.,
Wm. M. Chamberlain, M. D.,
Stephen Rogers, M. D.,
Jas. L. Brown, M. D.,
Committee.

E. Bradley, M. D., Secretary.

Dr. E. D. Dailey.

At a meeting of the medical gentlemen of the town of Smyrna, Del., held on the evening of Oct. 9th, at the office of Dr. S. M. Fisher, to take action in reference to the death of Dr. E. D. Dailey, Drs. Hirons, Cummens, and Clawson, being appointed a Committee, reported the following preamble and resolutions:

Whereas, In the dispensation of an all-wise Providence, our professional brother, E. D. Dailey, M. D., has been removed from our midst by the hand of death; therefore,

Resolved, 1st. That though we bow with reverence to the will of the Supreme Ruler, yet we grieve at the loss of a brother in the prime of life, and of one having been capable of rendering so much relief to his suffering fellow-beings.

2d. That in the death of Dr. Dailey our profession has lost a member who has rendered himself eminent in his calling, and his fellow-citizens one who had ever been ready and willing to hasten to their relief in time of suffering and distress.

3d. That in our professional intercourse with him, we always found him courteous and gentlemanly towards us, and considerate and humane towards his patients.

4th. That we most heartily sympathize with his bereaved family, and commend them to the sympathy and kind consideration of this community.

5th. That a copy of the foregoing resolutions be sent to the family, and also published in the *Smyrna Times*, and in the Medical and Surgical Reporter, of Philadelphia.

ANSWERS TO CORRESPONDENTS.

Drs. B. & G., Malone, N. Y.—Williams' Principles of Medicine sent by Mail Oct. 19th.

Dr. J. C., Wooster, Ohio.—Wood's Materia Medica and Therapeutics, Carpenter's Principles of Human Physiology, Williams' Principles of Medicine, Neligan's Diseases of Skin, sent by Express, Oct. 19th.

Drs. C. & Son, Lockhaven, Pa.—West on Ulceration of Os Uteri, sent by Mail Oct. 19th.

Dr. J. E. J., Fullston, Md.—Send the price of Firmenich's Irritating Instrument to him at Buffalo, N. Y., who will return it to you by Mail.

Dr. D. C. R., Utah, Pa.—The price of Meigs' forceps is $7.00 short forceps the same.

Dr. W. M. L., Hamilton, Va.—Slade's is the most recent work, on Diphtheria. Send us $1.25, and we will forward it.

METEOROLOGY.

October	16,	17,	18,	19,	20,	21,	22.
Wind	N. W.	S. W.	E.	S. E.	W.	N. W.	N. W.
Weather	Clear.	Clear, White Frost.	Cl'dy, Rain.	Cl'dy, Rain.	Clear, High Wind.	Clear.	Clear, White Frost.
Depth Rain			1 in.	1-10			
Thermometer.							
Minimum	42°	36°	46°	52°	45°	40°	38°
At 8 A. M.	51	47	53	57	55	52	41
At 12 M.	53	50	59	57	58	55	54
At 3 P. M.	56	58	60	58	58	56	55
Mean	50.50	47.75	54.50	56.	54.	50.75	47.
Barometer.							
At 12 M.	30.2	30.1	30.	29.4	29.6	29.9	30 2

Germantown, Pa. B. J. Leedom.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64 Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers*, of No. 414, Feb. 4, 1865.

THE

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Original Department.

Communications.

BIOGRAPHICAL SKETCHES

OF

Distinguished Living New York Surgeons.

By Sam'l W. Francis, A. M., M. D.,

Fellow of the New York Academy of Medicine.

No. 15.

Stephen Smith.

"Work, as believing that labor is gain."—*Queen Isabel.*

Stephen Smith, now a resident practitioner of this city, was born in Onondaga county, New York State. His father, having followed agricultural pursuits as an avocation, desired his son to enter upon the same sphere of usefulness, the better to assist in supporting the family, and adding vigor to an already sturdy constitution. Accordingly young Stephen remained at home, and became duly indoctrinated in the mysteries of a farmer's life, practically testing its merits, and earnestly endeavoring to become first in a department that has been time-honored since the ancient days of Abraham. In the capacity of plough-boy, thrasher, and tender of his father's flocks, he rapidly grew in the knowledge of husbandry and the rearing of live stock, and continued faithful to his post till within a few months of ripe manhood, when being twenty years of age and experiencing the want of a liberal education, he felt that inward desire and thirst for knowledge which belong to genius, and acted accordingly. Up to this period, Stephen had only been able to avail himself of the pseudo advantages of a poor common school; and that, too, confined to the less busy months of winter. But during that time he had not wasted an opportunity, and though he could not hold valuable information within his grasp, the rudiments that formed this temporary foundation were sufficiently suggestive to enable him to see into the dim vista of hidden wisdom, the different paths to knowledge, and the road to power. At eighteen, he had learned out the school, and by perseverance and literally studying in the middle voice, (namely, I teach myself,) had mastered many of the higher branches of mathematics, geometry, surveying, and even some of the more intricate examples of trigonometry. These latter studies were taken up, apart from school, at intervals of farm labor, or when the inclemency of the weather precluded the possibility of working out of doors.

About this time, young Smith commenced the study of Latin and Greek, a task most difficult to accomplish, as he had no instructor, and was forced, while in the field, to make out the construction himself, and ponder over the rules he had learned. This course was conscientiously followed till the ambitious student, at the age of twenty, found time to attend two terms at the Cortland Academy, Homer, New York. So attentive was young Smith to even the minutiæ of this higher school, and so earnest was his individual application, that we find him passing his examination, at the end of that period, and entering the senior class of a literary college.

Doubtless, he would have made rapid strides in that capacity had not his elder brother influenced his susceptible mind, and caused him to abandon the literary course laid down for him and become a follower of Hippocrates. Accordingly, young Smith entered the office of Dr. Caleb Green, of Homer, New York State, late Professor of Materia Medica in the Geneva Medical College. In a short time, he also attended a course of lectures in that institution, which could boast, as members of its faculty, the names of Lee, Hamilton, Hadley, Flint, Webster, and Coventry.

Stephen Smith then entered the office of Professor Hamilton, at Buffalo, N. Y., and attended his second course of lectures at the Buffalo Medical College. In 1849, he became the resident pupil in the Buffalo Hospital of the Sisters of Charity, during the prevalence of the cholera. This constant intercourse with those afflicted with that sad malady, and the peculiar fitness of Dr. Flint for its treatment, eminently qualified young Smith to judge of the merits of certain remedies, and above all, avoid the theoretical maxims of inexperienced practitioners.

In the autumn of 1849, Mr. Smith visited New York, and attended his third course at the Col-

lege of Physicians and Surgeons, where he was graduated in due form in the spring of 1850, and forthwith became Doctor of Medicine. Armed with the imprimatus of an excellent faculty, the victor of many obstacles, and the successful farm-boy of a few years back, Dr. Smith found himself in a strange city, with legalized power to practice, and nobody to treat.

But nothing daunted, by taking, as it were, a retrospective view of the future, he became encouraged, gave up his idea of returning to Buffalo, and having visited Bellevue Hospital, became so attracted by the advantages offered the student, that he at once applied as a candidate for one of the two vacancies then existing; and, though many sought for the same place, he was fortunate enough to pass the rigid examination of the Board, and entered at once upon the responsible duties assigned to his position.

During Dr. Smith's first experience of a Bellevue life, he became interested in the investigations of an unusual case of rupture of the urinary bladder which had come under the skill of an old medical acquaintance. It was suggested to make it the subject of ligation, and the aged practitioner addressed a letter to that effect to the Bellevue doctor. Dr. Smith at once called in the advising qualities of the attending surgeons, and found that they were not practically acquainted with that sort of case, excepting Dr. Mott, who acknowledged that even his experience was limited to one or two, but no more. Finding out that there was a deficiency of information on this subject, and realizing the importance of the case, Dr. Smith went through the records of the past, consulted the fathers of surgery, and perused obsolete works, with the settled determination of ascertaining all that had been said and done on the subject. His patience was rewarded, and his perseverance resulted in the collection of some fifty cases. They were at once produced in court, and caused the Judge to decide the case without the usual delay of an argument. This encouraged Dr. Smith to go deeper into the subject, and he accordingly tabulated them, and rendered each and all easy of ready reference. Dr. Van Buren having seen this valuable compendium, not only spoke of it in terms of the highest commendation, but so strongly urged its publication, as a sure means of preserving it from accidental destruction, that Dr. Smith was induced to look once more into the labyrinths of the past, go over authorities again, and finally prepare a monograph* of seventy-five cases, when but a few weeks before, there was scarcely a surgeon who could have positively asserted that more than one or two cases could be found on record. So important was this communication considered, that it was widely circulated in this country, and was subsequently translated abroad into French and German, and may be read at the present time with the deepest interest. This did much for the Doctor. It brought him in direct intercourse with the leading medical men of this city. Dr. Mott found means to express his gratification in terms of sincere praise, and Dr. Parker at once extolled his labors, and welcomed the young surgeon to the city.

Another instance, worthy of record, occurred about this time, and may prove of benefit to those unacquainted with the facts. Dr. Smith having charge of the lying-in wards at the time that many of the patients were the subjects of peritonitis, was requested by Professor Clark to put his opium treatment to the test. It so happened that four cases required efficient remedies, and Dr. Clark directed Dr. Smith to administer nothing but opium, and push that till he produced semi-narcotism. At first, the young doctor gave it so cautiously that it exhibited no perceptible benefit. Prof. Clark, during his next visit, having perceived Dr. Smith's timidity, at once took him aside, and in a grave manner said, "Dr. Smith, have you ever attended a common school?"

"Yes, sir."

"Did you ever have a teacher say to you, 'I will whip you to within an inch of your life'?"

"Yes, sir, I have."

"Well," said Dr. Clark, "that is the way I wish you to give opium to these patients—let it be 'to within an inch of their lives.'"

The Doctor now determined to follow implicitly his instructions, and accordingly selecting two reliable nurses, he commenced to administer opium with confidence and in increasing doses. Dr. Smith visited each patient every hour, night and day, during their treatment, and recorded each change.

The first woman yielded on taking two grains hourly; the second became so stupefied after taking three grains hourly, that he experienced no little difficulty in bringing her back to entire consciousness. The third required four grains hourly, before the opium produced the desired effect. "But the fourth," to use the words of Dr. Smith in a letter addressed to me on the subject, "was destined to test our valor. She took 4, 5, 6, 7, 8, 9, 10, 11, 12 grains of opium hourly, before even semi-narcotism was reached. At this extreme point, the remedy was maintained for

* Published in the *New York Journal of Medicine*, May, 1851.

several days, until she took in the aggregate nineteen hundred grains without once vomiting or purging." Gratifying, indeed, must it have been to Dr. CLARK to know that they all recovered. The last woman remained in the hospital several months, attached to the kitchen. This brought about a change in the treatment of puerpural peritonitis, and formed a new era in the vital statistics, as formerly the greater number died.

On leaving Bellevue Hospital, Dr. SMITH took up his residence in New York city, and continued to contribute occasional articles to the *N. Y. Journal of Medicine*. This brought him in contact with Dr. PURPLE, editor of that medical magazine, and accordingly, in 1853, Dr. SMITH became joint proprietor with him. He continued in company with Drs. PURPLE and BULKLEY till 1857, when they both retired, and Dr. SMITH became sole editor, etc. In 1860, this old journal was changed into a weekly, and Dr. SMITH became associated with Drs. HARRIS and SHRADY, as co-editors. In 1861, Dr. HARRIS retired, and Dr. SHRADY continued to report medical lectures and the transactions of societies. When one considers the high tone of that journal, its interesting statistics, and the ability displayed in many of its critical articles, a proper appreciation of the labor involved will be felt. The *Medical Times* was a great success. The subscribers more than doubled in six months, but the war having broken out, it, like many cotemporaries, was forced to succumb, on account of expenses that far exceeded any adequate returns.

In this day of fanciful mimicry, when even those of strengthened intellect and wide experience yield to the prevailing fashion of some ruling nabob, and dye their thoughts to suit the color of an evanescent prejudice, it is pleasing to the mind and refreshing to the spirit to see one who has ever marked out honest paths of usefulness, and followed no ungainly dicta. Dr. SMITH has been stern with himself. Of a naturally kind disposition, and ready to further the advances of those beneath him in the walks of a professional life, he has still remained true to conscience and unbiassed in his actions. Calm in his demeanor, and almost retiring in his outward character, there still burns within his breast a fervent love of knowledge, and most praiseworthy desire to excel, attributes that find congenial sympathy in every student's heart, and meet with cordial plaudits from the old in learning. Each year marks advancement in the Doctor's skill, and finds him richer in the science of his much-loved art.

When a youthful farmer is seen studying the works of learned authors during that portion of the day which is generally set aside for relaxation and pleasing pastime, one may easily predict for him ultimate success in the branch of life that he may choose, providing he follows out the higher instincts of his nature. The same zeal that caused STEPHEN SMITH, *farmer*, to study at the risk of ease, and meet fatigue of body with the energies of mind, has ever marked his course in after years. Possessed of an executive ability, the birthright of few medical men, the Doctor has hunted down a thought to its very origin, exhumed defunct cases, and revivified statistics to prove his assertions. By this means one is enabled, while perusing his works, not only to learn what is best as a sure means, but the errors of the past are unfolded in a succinct and graphic manner; so that while the fancy is en chained by lucid writing and interesting state ments, memory is neither overburdened by the dry details of skeleton certitudes, nor embarrassed by the heterogeneous compilation of ancient superstitions.

In 1854, Dr. SMITH was duly elected one of the attending surgeons to Bellevue Hospital, which responsible position he has continued to hold ever since—performing all the operations that came under his personal supervision during that time, and in many instances freeing the afflicted and poverty-stricken patients from annoying ailments and alarming troubles. It has been his custom, like his associate surgeons, to perform the more serious operations in the presence of visiting students, when time would permit of delay. On those occasions, his conciseness of expression and quiet self-possession were evident to the beholder and congenial to the listener. Dr. SMITH appreciates the sufferings of a patient while under the knife, and uninfluenced by any anæsthetic agent, and agrees with those who entertain the opinion that it is better to lecture before or after cutting human flesh, and not while the agonized patient is writhing under prolonged torture, or held still while gaping wounds are coldly commented on, at the expense of suffering not in any way necessitated by any law of reason, justice, or rare charity.

The Doctor tied the common iliac artery for aneurism; and next to Dr. CARNOCHAN, performed the first Symes' amputation at the ankle-joint in this country, and has repeatedly performed it with uniform and excellent success. As an operator, he is confident without being presumpuous, neat without being fastidious, and careful without being timid. Ever ready to listen to the

suggestions of those best qualified to give advice, yet so thoroughly versed as to the anatomy of reation and constitutional treatment, that hints are rare and satire unknown.

Dr. Smith was among the first to propose the organization of Bellevue College, and ever since its foundation has formed one of its faculty. He held the chair of the Principles of Surgery until recently, when the sad suicide of Dr. Childs, a man of distinguished ability, left vacant that of Anatomy, to which he was formally transferred. As a lecturer, Professor Smith compares favorably with those around him. He believes that, in didactic discourses, the shortest distance between two given subjects renders the process of remembering more facile to the mind, and brings the man who speaks nearer to his earnest auditors.

During the winter of 1861–62, Dr. Smith proposed to Ballière the idea of publishing a handbook of operations for the benefit of surgeons in the field, and otherwise on duty. The Doctor saw the necessity for such a work, and meeting with an immediate response, proceeded at once to prepare the work, and superintend the engravings that were to accompany it, and this, too, while attending private patients, delivering his course of surgical lectures at Bellevue College, and visiting, on the appointed days, hospital patients. This excellent vade mecum proved a great success, and though it appeared about the 1st of May, 1862, met with so rapid a sale that it has gone through five editions, and is now out of print. Many an acting surgeon can bear testimony to the importance of the surgical aphorisms contained in this work, and not a few have derived additional aid from the excellent wood-cuts that adorn the pages, and place at once before the mind's eye the position of parts and the appearance of wounds. No one who has read this manual would fail to retain it.

Even when a student, in the office of Professor Hamilton, Dr. Smith became very much interested in the subject of "the legal responsibilities of medical men," and particularly as regards the abuse of power in suits for malpractice. This subject has grown upon him, and ever since, he has never omitted an opportunity to collect facts, lay aside for future reference reports of cases, trials for alleged poisoning, neglect of doctors, or the want of knowledge—in fact, all that he could obtain from the records of the court. This has been done with a view to eventually publishing a work illustrating this branch of medical jurisprudence, and certainly the importance of the subject and the success of Professor Hamilton's statistics of fractures for the same purpose, will urge him on to a satisfactory completion of what he has undertaken. Already, the Doctor has on file and properly arranged for immediate consultation, not fewer than five hundred cases, embracing every operation in surgery, obstetrics, the administration of every kind of medicine, etc. etc. It is his earnest desire in this book to establish satisfactorily to both the practitioner of law and medicine what is malpractice, and what is not; and also to define beyond dispute the exact relation between doctor and patient. The importance of this undertaking can only be appreciated by those who have perused the accounts of such cases, or been individually interested in their termination. Let a standard once be fixed, that shall govern, beyond appeal, doctors and lawyers, and time, reputation, and expense will be saved The material has already proved so abundant that Dr. Smith has determined to divide it into two volumes; the first devoted to surgery, and the second to obstetrics, medicine, specialties, dentistry, druggists, etc. Some ten years since, he sent out a circular and obtained very valuable information, which will appear in due course of time. The most important questions concerning which the Doctor desired to receive answers, were as follows:

1. Names of parties to the suit; court in which case was tried; presiding judge.
2. Date of trial.
3. History of the case, in the treatment of which malpractice was alleged, as nature of disease, injury, etc., complications, treatment, results, etc.
4. Testimony brought forward on the trial; opinions of experts, etc.
5. Opinion, and charge of Judge.
6. Verdict, etc. etc.

It would be well if any one who may peruse these pages should see fit to forward answers to the above questions, and thereby assist in rendering as complete as possible the labors of a distinguished physician.

Dr. Smith was married, in 1853, to a daughter of E. D. Culver, Esq., of Brooklyn, Long Island, N. Y., then City Judge, and at the present time United States Minister to Venezuela, South America.

It was mainly due to his energetic suggestions that the Medical Journal Library was established in the city of New York, and every day its value is becoming more and more realized.

In 1865, Dr. Smith made a thorough investigation of the sanitary condition of New York city, particularly the back streets and poorer style of accommodations, and in his official report before

the joint committees of the Senate and Assembly, Feb. 13th, enlarged on the causes of disease and death, the necessity of a conscientious inspection, and finished by making some practicable and very feasible suggestions regarding a model health-board. It was listened to with marked attention, and published in the *New York Times*, and is destined to accomplish much good.

TENACITY OF HUMAN LIFE AS SEEN IN CASES OF GUNSHOT INJURIES.

By Thad. L. Leavitt, M.D., A.A.S., U.S.A.

(Continued from page 206.)

Case No. 8. Capt. Adam Graham, Co. I, 12th Ga., æt. 35 years, received a gunshot wound July 12th, 1864, during the raid upon Washington, D. C., perforating the right carpus, and so lacerating and destroying the joint, that immediate amputation was deemed necessary, and the circular operation performed at lower third of the forearm, on the field, by rebel surgeons. At the same time, he received a gunshot fracture of both tibia and fibula of right leg, the ball not passing through, but being spent, rebounded and fell into the boot, from which the patient states it was taken.

Being much prostrated, and the weather very warm, it was thought advisable to attempt to save the leg, although the bones were extensively shattered. The only operation admissible, that of cutting down upon the bone and removing all loose fragments and spiculæ that by their presence might irritate the tissues and delay union, I succeeded in performing satisfactorily without the loss of any amount of blood.

The leg was then placed upon a wide board, with sand bags at the sides to retain the limb in position, and a heel-piece to keep up extension, the whole apparatus arranged in such a manner as enabled the limb to be elevated, if desired, and its entire surroundings removed without disturbing the position of the leg, thus facilitating the dressing, which consisted of oakum, charpie, water and dry dressings, stimulating poultices, as required.

July 26th. Erysipelas attacked the leg. Tr. ferri chlorid., gtt. xv., every two hours, directed to be taken. The stump is healing nicely, no appearance of erysipelas here. Patient's mind remarkably composed, quiet, and cheerful.

July 27th. Erysipelas fading out.

July 29th. Added quiniæ sulph., gr. j., to tr. ferri chlor., every four hours.

July 31st. Improving. Appetite better, wound in leg suppurating considerably.

Aug. 6th. Leg doing well, granulations healthy, and but slight discharge of pus.

Aug. 12th. Recovery very slow and tedious, general health good.

Aug. 26th. Doing well, stump nearly healed; but small opening in leg for slight discharge, comparatively inodorous.

Being ordered to another department at this time, I was unable to follow up the history of this case, but have since heard from his surgeon in attendance that his recovery was complete.

Case No. 9. F. S. Hardy, æt. about 30 years, Co. B., 30th N. C. Sharpshooters, was wounded at the battle before Washington, D. C., July 12th, 1864, while lying behind the corner of a frame dwelling-house opposite Fort Stevens, and in the act of firing, (at long range.) The ball passing through the angle of the house, struck and shattered the left radius at about its middle third, crossing over and entering the right forearm, comminuted the ulna at its upper third, and remaining lodged. An exsection of both bones was performed on the field by rebel surgeons, the arms placed on straight splints, and in this condition the patient was received in the hospital, July 14th, 1864, suffering a great deal from the tightness of the bandages, the parts swelling considerably. It is impossible to ascertain whether the ball has been removed or not, as the man was etherized at the time of the operation, and remembers nothing about it. Applied a loose water dressing, merely sufficient to keep the bones in position. Patient perfectly helpless, requiring constant attendance.

July 16th. Both arms doing well.

July 18th. Attacked with diarrhœa, which he states he had previous to being wounded.

℞.	Acid. tannic.,	gr. v.
	Opii pulv.,	gr. ½
	Quiniæ sulph.,	gr. j.

in pill every four hours. Milk diet and lemons constituted the treatment.

July 20th. Diarrhœa much better, about twelve stools in twenty-four hours, formerly eighteen and twenty.

July 24th. Diarrhœa checked. Doing well.

July 27th. Complains of pain in right arm, found appearances of formation of an abscess on inner edge of biceps. The exploring needle revealed pus, and the probe the presence of a foreign body, which I removed, and it proved to be the bullet, very much battered and irregular.

July 28th. Doing well on iron and quinia.

July 29th. Erysipelatous condition of left forearm; right upper extremity looks healthy.

Aug. 2d. Gangrene in the ward. Patient removed to the corner furthest remote from this fearful scourge.

Aug. 3d. The precaution useless. Right arm attacked at point of incision. Bromine immediately applied, and stimulating poultice.

Aug. 5th. Gangrene arrested. Wounds look well.

Aug. 7th. Sloughing again; removed large mass of decomposed tissue from right forearm, other wounds looking well.

Aug. 8th. Granulating nicely under the influence of the bromine dressing.

Aug. 12th. Gangrene again attacked the right arm at point of incision, spreading fearfully during the night; extends to forearm, implicating a distance of at least six inches in length by from four to five inches in breadth. Left forearm still looks well.

Afternoon. Still spreading. Bromine used with no success. Left forearm begins to show faint traces of discoloration.

Evening. True hospital gangrene now exists in both arms, spreading with fearful rapidity, and defying all treatment. Patient much prostrated and emaciated, the effects of the diarrhœa.

10 *P. M.* The pulsation of the brachial artery plainly perceptible, the coats of the vessel apparently only intervening. A tourniquet placed high up in the axilla, ready for use, if required.

Aug. 13th. Secondary hæmorhage occurred this morning, about 8 o'clock, from the right brachial artery, but was promptly checked, and the artery tied.

Afternoon. Secondary hæmorrhage took place about 2 o'clock, in the other arm, from one of the muscular branches of the radial artery, the per-sulphate of iron arresting the bleeding.

Evening. Brachial artery sloughed through at point of ligature, and a severe hæmorrhage followed, the blood being in a defibrinated condition, all efforts at forming a clot failed.

Aug. 4th. Patient died during the night from sheer exhaustion, after having wonderfully resisted previous attacks of gangrene and erysipelas, and outliving a bad chronic diarrhœa.

With the history of this case I finish my paper, and trust I have placed on record an account of gunshot injuries that prove the power of the human frame to resist injury, and the wonderful efforts of nature to sustain the spark of life, though at every hand depressing agents and extensive lesions seem combined to quench its feeble existence.

It is estimated that from 40,000 to 50,000 have died from cholera in Constantinople and the neighboring villages during the last two months.

Hospital Reports.

Philadelphia Hospital,
October, 1865.

Medical Clinic of Dr. J. L. Ludlow.

Reported by A. M. Shew, M. D., Resident Physician.

Ascites with Anasarca of the Lower Extremities.

Margaret C., æt. 38; domestic. This patien, was first admitted to the Philadelphia Hospital in January, 1865, suffering from general anasarcal produced by exposure to cold and heavy labor. She remained in the hospital under treatment six months, and in August last was discharged, sufficiently improved to go about her usual avocations.

Two days ago she was readmitted, enormously distended by serous effusion into the peritoneum, and also into the cellular structure of the lower extremities. You will observe that there is considerable dyspnœa, an entire loss of appetite, and her tongue indicates, by its fissures and deep color, a highly inflamed condition of the alimentary canal.

By ausculation we find no abnormal condition of the heart. Her urine is abundant, though high colored. The usual test reveals no albumen. We must therefore look to the liver, as the cause of all this derangement of the natural functions.

The prognosis in this case, gentlemen, is very unfavorable. Death will soon relieve the patient of her sufferings, in spite of all our efforts to the contrary. We can only hope to benefit by directing our treatment to the comfort of the patient. A gentle diuretic of bi-tartrate of potassa, in an infusion of juniper berries, will be administered with an anodyne at night.

Oct. 13th. This patient died last evening.

Autopsy. Abdomen very much distended. Upon opening this cavity, a layer of lymph was found covering and entering between the convolution of the intestines. Over the whole of the parieties there was a layer of old false membrane, about an eighth of an inch thick. This also covered the liver, spleen, and part of the stomach. The liver was firmly bound to the diaphragm, by old and very strong bands, some of which were larger than a goose-quill. Liver contracted and cirrhosed. Gall-bladder almost obscured. Spleen same condition externally as liver. Thorax, on the left side, strong pleurtici adhesions; on the right an old, very strong and tough false membrane, and the lung pressed back by a pleural effusion; there was about one and a half pints of fluid in the cavity.

"Starvation Fever."

Oct. 16th. Frances R., colored. No history. When admitted, Oct. 5th, she was delirious; pulse 110; answered questions imperfectly, and had an expression of countenance indicating fear. This patient is a good example of a peculiar form of fever to be found among the colored people who inhabit the lower portions of the city. It is caused by exposure to cold and starvation. At first the pulse is usually quick but feeble—respi-

ration subdued—pupils dilated—quiet delirium, and some tenderness of the abdomen, though not as well marked as in ordinary typhoid. As the disease advances, all the symptoms indicate a partially disorganized condition of the blood.

The prognosis in this peculiar form of fever is usually favorable, provided the patient is speedily removed to more comfortable quarters. Many patients recover with little or no medical attention. You will find that in all low forms of fever, good nursing is equally important with good doctoring. The patient must be kept quiet, in a warm but well-ventilated room, while a stimulating and tonic course of treatment is rigidly enforced. Beef essence, mutton broth, and milk punch should be administered freely. In addition to this general treatment, this patient is having drachm doses of tinctura cinchonæ composita every three hours.

Acute Rheumatism.

Thomas C., æt. 21, was discharged from the army ten weeks ago, after having served one year, during which time he enjoyed good health. Two weeks ago he was suddenly seized while in bed with severe pain in the left knee. Upon examination we find marked swelling of both knees, accompanied by high fever; you will observe how he shrinks from the near approach of my finger; even the most delicate touch causes him to shriek with pain.

This disease has been divided for the sake of convenience, into acute and chronic rheumatism; the former coming on suddenly, passing through certain stages, and finally ending in complete resolution, or in chronic rheumatism, in a period of from eight to ten weeks. The latter continues indefinitely, unless checked by remedial aid.

There has been much discussion as to the cause of rheumatism, and had we more time, it would be interesting to mention briefly the different theories that have prevailed from time to time. We believe that it is a peculiar poison in the blood, manifesting itself more especially in the fibrous tissues of the joints. It is sometimes difficult to diagnose true from gouty rheumatism without the aid of chemistry. In the former we find more or less uric acid, while urate of soda predominates in the latter. In the patient before you we have a good example of acute rheumatism. He retired at night apparently well, but was aroused from sleep by the severe pain which has continued up to the present time. We now find considerable fever; profuse diaphoresis, with acid reaction; tongue moderately coated; pulse full and bounding; bowels open, with restlessness at night.

In the treatment of rheumatism, almost every article of the materia medica has been tried, with more or less success. At the present day, the saline treatment is considered the most effective. When you are called to the bedside of a rheumatic patient, and find the tongue coated, it will be well, before commencing with the salines, to prepare your patient by a little preliminary treatment. Administer, during the first twenty-four hours, small doses of blue mass, or calomel, followed by neutral mixture, and a full dose of Rochelle salts. So soon as the tongue begins to lose its darkness, commence with the nitrate of potassa, and give from ʒij. to ʒss. in flaxseed tea during the day. Keep the patient well covered with warm blankets, wrap the limbs with cloths soaked in hot oil and camphor or turpentine, surrounded by oil silk. For nourishment, give farinaceous diet; no red meat should be allowed. Suppose you have a rheumatic patient from gouty antecedents, it will then be necessary to combine wine of colchicum with your other remedies. Small blisters near the joints have been serviceable in many cases. Occasionally, we meet with rheumatism from a syphilitic cause. In its treatment we must remember its specific character, and treat accordingly.

Typhus Fever.

Wm. Y., æt. 26. Ten days ago, while in a profuse perspiration caused by working before a hot furnace in a rolling mill, he went out to cool off, and at the same time drank a large quantity of cold water. Very soon after, he experienced a severe chill, which obliged him to leave his work. The next day, he had a good deal of fever, pain in the head, back, and limbs, which has increased to the present time. He is now very drowsy and partially delirious. This case presents some peculiar features, and leads you to ask—is there any distinction between typhus and typhoid fever? The medical profession of England maintain that there are no peculiar symptoms in the one differing essentially from those of the other, while in France and this country the opposite theory prevails.

I will briefly mention the commonly accepted diagnostic symptoms of the two fevers, and then call your attention more particularly to those presented by the case before you. Typhus fever is very contagious, and liable to attack persons at any period of life; the pulse is quick, but soft and feeble; skin dry and hot; respiration accelerated, with more or less pulmonary congestion; great dulness, stupor, and prostration of the mental faculties; suffusion of the eyes and dusky red aspect of the countenance. We have no constant condition of the bowels, though in a majority of cases costiveness prevails; tongue reddish-brown and fissured; there is a peculiar eruption on the skin found in all parts of the body except the face, which does not disappear on pressure.

Typhoid fever is non-contagious and is confined to the middle-aged; pulse not so frequent as in typhus; capillary circulation languid; respiration labored; slow development of the nervous symptoms, and not so well marked as in typhus; epistaxis; dark-brown tongue; sordes about the mouth and gums; diarrhœa, with marked tenderness in the right iliac fossa; rose-colored spots, limited to the abdomen and thorax, which make their appearance about the seventh day and disappear on pressure. These are the chief distinctions between typhus and typhoid fever. In the patient before you there is such a combination of symptoms as to make it very difficult to classify them exclusively under the one head or the other. You will observe that he is in a drowsy state, with considerable deafness, though no positive heavy delirium: nostrils filled with an exudation of blood: effusion about the eye; tongue dry and polished; feeble but quick pulse, (120.) I wish particularly to call your at-

tention to the rash, dark and diffused over the whole body; does not disappear upon pressure. This patient also has tympanitis with looseness of the bowels, which is unusual in typhus.

Treatment. Let me impress upon you the importance of keeping your patient in bed, perfectly quiet. Do not allow him to sit up or get up, on any consideration whatever. Have the patient sponged frequently with tepid water, vinegar and water, or bay-rum, and see that the room is kept well ventilated. In the treatment of typhus fever, it is of vast importance to nourish and stimulate the system of your patient, so that it may resist the great prostration which always follows.

Administer freely milk punch, wine whey, beef tea, and arrowroot. Small doses of quinia in combination with camphor and opium will be found serviceable. When there is a general dryness of the tongue and mouth, no remedy affords more satisfactory results than turpentine, in doses of about ten drops every two or three hours; but it must be watched. Do not continue until the bladder is affected. Resort early to cold applications to the head, and small blisters behind the ears, and watch particularly any of the complications which may arise, and treat them as in ordinary cases.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D., Recording Secretary.)

(Continued from page 285.)

Wednesday evening, Sept. 13th, 1865.

SUBJECT FOR DISCUSSION—TYPHUS FEVER.

Dr. Condie remarked that, having just recovered from a severe cold, which had left him very hoarse, it is very probable that, in opening the subject for the evening's discussion, his enunciation may not have been sufficiently clear to cause to be fully understood everything he had said. Whether from this or some other cause, it is very certain that he had been misapprehended. Thus, notwithstanding he had commenced his remarks by a definition of typhus fever and an outline sketch of its proper symptoms and course, with the evident intention of including no other fever in his conception of typhus, excepting such as would come within the definition and description given by him. He has been called to account by the gentleman who opened the discussion this evening, because he had given no account of typhoid or enteric fever, of the so-called spotted fever, nor of other fevers of a low or typhus type. Pursuing a strictly logical course, the gentleman, instead of complaining that he had said nothing of what he had formally excluded from his theme, he should have attempted to show that the definition and description of typhus fever given by him were too restricted, inasmuch as they should have included the phenomena of enteric, relapsing, spotted, and other low fevers, if he supposed these, to be strictly speaking, were varieties of typhus fever. The gentleman complained also, that he had taken no notice of what has been termed congestive fever, in which death often takes place in a few hours, with not the slightest attempt at reaction. Without using the term congestive fever, for which he has no great fancy, it is still very certain that it was very especially noticed by him that occasionally, in the preliminary cold stage of typhus fever, death often occurred suddenly, attended with venous congestion of the central organs.

He denied the identity of typhus and typhoid fevers. He believed that any individual who will study his fever cases thoroughly at the bedside, will be able to distinguish very readily these two forms of fever. They run a different course and are marked by different symptoms. They may, it is true, both occur at one time in the same individual.

It would be wandering from the subject under discussion to speak of spotted fever on the present occasion. The disease so-called is by no means identical with what he considered true typhus fever. It would be no difficult matter he believed to show, had he the time, that under the appellation spotted fever essentially different diseases have been included. With a certain class of medical practitioners, a new name, or one not familiar to them, especially if it has been used to designate a severe and fatal disease, soon becomes particularly popular, and hence in our bills of mortality a larger number of deaths are, it is very certain, registered as having occurred from such diseases, than a more close and accurate diagnosis would have warranted. Typhus fever has recently prevailed to some extent in certain crowded and unclean localities within our city, nevertheless a close investigation of our bills of mortality will most certainly show that they exhibit a much larger number of deaths from typhus fever than has actually occurred.

In introducing the subject of discussion for the evening, his desire was to distinguish clearly what he considered to be true typhus fever from all the other diseases which have been classed with it by certain writers. He had written but a short paper, and of what he had written he read but about two thirds; because the evening was rapidly passing and his hoarseness rendered it painful for him to exert his voice.

In respect to the use of alcoholic stimulants in the treatment of typhus fever, Dr. Condie remarked: that he was a tee-totaller so far as regards the use of alcoholic liquors as a beverage; he neither used them himself, nor would countenance their use in others. But how he was to treat typhus fever successfully without employing alcoholic stimulants as a medical agent, he did not know. He would be happy certainly to be taught how to cure the fever in question without their use.

In reference to the occurrence of petechiæ in other diseases than typhus fever, he was well aware that they are liable to occur in any protracted malady which tends to impair to any extent the vitality of the blood. His friend, Dr. Coates, he remarked, had called him to account for using in a very loose sense the term poison, by applying it to the morbid condition of atmosphere generated in crowded, ill-ventilated and filthy

apartments. That under such circumstances, a something is generated capable of deranging the healthy functions of such as are exposed to it, and capable of extinguishing life either immediately or remotely. If this is not a poison I know not what is. That he was unable to present this poison in a substantial form, or test it by chemichal agents, is no proof of its non-existence, so long as we know by its poisonous effects upon the living organism that it does exist in certain places under certain circumstances. An English writer has given this poison, or rather to the disease produced by it, a Greek name (ochhesis) which indicates its origin from the crowding together of human beings. That the poison is material, Dr. Condie had no doubt; otherwise how explain its adhesion to walls, to persons, to clothing, etc. To prevent the occurrence of typhus fever in certain old hospitals no other plan has been found to succeed, save the entire removal of the plastering from the walls of the wards and the replacing it with new. If his memory served him aright, in one instance, at least, the laborers employed in removing the infected plaster from the hospital walls were attacked with fever, of which some died.

He would mention in this connection the very interesting fact that when entire ship's companies among whom typhus fever had made its appearance, have been removed from on board and placed under a large canvas tent erected in the open air, no new case of fever—no spread of the disease, no further mortality occurred among them.

By the last volume of transactions of the Epidemiological Society of London it is, we find, now admitted, that a poisonous emanation arises from old privies—such as have been long used, and are at the same time badly ventilated and foul; especially when a large number of such privies are congregated together in densely populated neighborhoods. This emanation deteriorates in a great degree the health of those individuals who are exposed to its influence, and it is liable to produce in them a very bad form of typhus fever. Notwithstanding these facts would seem to be well established, nothing is as yet known as to the nature of the emanation referred to, and yet, in as much as it produces an injurious impression upon the human system, undermining its health and not unfrequently destroying its vitality, Dr. C. believed that he was not using language in an unwarranted sense when he denominated the emanation a poison, for any agent possessed of similar deleterious properties is a poison, according to the definition of our common English dictionaries.

Dr. Andrew Nebinger remarked:—I think the society is deeply indebted to Dr. Condie for the very excellent and suggestive paper which he has just read. If there was any one feature of his paper which more than another attracted my attention, and which I thought to be worthy of perhaps more positive consideration than any other fact, it was that typhus fever is dependent upon local causes. If that is a fact, then it is one, the importance of which can hardly be adequately estimated. If typhus fever is dependent upon local causes, the probabilities are that at any time and at all times, under the direction of the properly constituted public authorities, it is capable of being subdued almost immediately after it presents itself, or, what is a great deal better, it may be competent to prevent it entirely. I think there is a great amount of truth in the proposition, if it is not itself absolute truth, that typhus fever does depend upon a local cause; and the chances are, Mr. Chairman, that many of those dreadful scourges which we call diseases, do depend upon local causes; and it only requires an enlightened public authority to grapple with the causes in part productive of those diseases, in order to prevent humanity from being scourged and the grave filled with so many victims of those maladies.

I recollect distinctly, that years ago a sanitary commission was originated in the city of New Orleans by the municipal authorities for the purpose of determining the causes productive of yellow fever, and suggesting some means by which that disease could be prevented. Dr. Barton, if my memory serves me right, was the chief of that commission, and made a learned and very elaborate report in regard to the matter. In investigating the causes of yellow fever, not only in New Orleans but elsewhere, the facts which he collected led him to this conclusion; that yellow fever was dependent upon two causes—filth, and a temperature ranging for a long period at eighty degrees, with a large amount of moisture in the atmosphere. He formed charts of various places, and dotted down upon those charts the localities in which yellow fever sprang up; where it first sprang up being marked "1," where it next appeared "2," and so on. He drew another chart of New Orleans upon which was dotted down the filthy localities of the city. Between those two charts there was the most remarkable coincidence as to particular localities, the most filthy places in New Orleans being invariably those in which the yellow fever had appeared earliest, and where it had prevailed in its most malignant form.

Now there was something very definite arrived at by that investigation. The public authorities of New Orleans could not control the temperature of the atmosphere, nor could they regulate the amount of moisture in it, but they could control that other equally essential attribute of health, cleanliness, by removing the filth of the city by drainage. Enlightened by the report thus made, they set themselves to work in the matter, and, to a certain extent, rid the city of some of those pest places; and from that time until now, I think, yellow fever has not prevailed in New Orleans to the dreadful extent that it had previously. Apply that fact of the dependence of disease upon local causes in the case of typhus fever, and you will find in it perhaps something of practical importance.

And I may here mention a circumstance which came under my personal observation, and which bears out very conclusively, at least as far as a single fact can do so, the correctness of the Doctor's declaration, that "typhus fever is dependent upon local causes." I say, apply that fact of the influence of local causes in the cases of disease generally, and you may obtain results of immense consequence in a sanitary point of view in ridding us of that scourge which is threatening, every day

and every hour of the day, to become of terrible importance in the city of Philadelphia. Look over your bills of mortality, and you will see five, six, or seven cases of death from typhus fever reported weekly. Why, sir, I recollect when you might look over the monthly reports of deaths and not see as much as a single case of typhus fever reported. The disease seems to be mounting up. And if dependent upon local causes, it is highly important that the matter should be looked after, and those causes removed. But it may not be *malapropos* for me in this connection to give you the details of a circumstance to which I have already adverted. I attended three cases of typhus fever, those of a mother and her two children, which sprang up in a house in Seventh street above Shippen. The locality is neither very elegant nor cleanly; but I do not think that in the house itself there was anything productive of the disease with which the inmates suffered. Immediately adjoining that house, however, is an establishment crowded from the cellar to the roof with old rags and like matter. The query is at once suggested, "did those persons who worked in that establishment take typhus fever?" and that I will proceed to answer. Remote from that establishment, as far away as Washington avenue below Seventh street, resided the family of the gentleman who carried on the rag business in that place at Seventh and Shippen streets; and the chances are that not a single member of his family ever visited that establishment, though he, of course, transacted his business there from early morning till late evening. Did anybody take typhus fever in his house? Yes, sir; his wife took it and died. An interesting little girl, the very picture of health, some fifteen or sixteen years of age, took the same disease, and in the course of six or seven days, passed from time to eternity. The gentleman himself took typhus fever, but recovered.

Now, sir, does not that look as though typhus fever did depend upon local causes? And such being the case, is it not important that the public authorities should turn their attention to the subject, and, as far as possible, provide a remedy by forbidding the storage of rags, and by making such other sanitary regulations as may be required. "But it is an infection," says the Doctor, and that is correct. The keeper of that rag store was not the first to take the disease, but he carried this poison (that is the proper expression, sir)—he carried the *poison* from Seventh and Shippen streets to Washington above Seventh; he carried it to his home, and sowed the seeds of death around his domestic hearth. His family did not go to his store to obtain it, but he carried it to his home in his clothing, and there left it, and they were destroyed by it.

Now, sir, the public authorities have a duty to perform in this matter. We have an institution in this city whose special business it is to look after these matters; but I must declare, after my experience in that line, that such an institution is becoming considerably more ornamental than useful—ornamental, sir, not useful. I speak by the book; I have had some experience in regard to that matter. South of my residence is an immense establishment which is continually belching forth volumes upon volumes of pestiferous gases; gases which are generated from the refuse of slaughter houses—not the slaughter houses of Philadelphia either, but of Chicago and New York—gathered together in this depot. Tons upon tons, and wagon loads after wagon loads of this offal are brought here; and if you should chance to get behind one of those wagons, you would immediately grow sick from the offensive odor emanating from them. And yet, notwithstanding this, after I had called the attention of the Board of Health to the condition of things, and a committee of that Board had visited the neighborhood, the question put to me was, "Can you prove that this establishment is detrimental to the public health?" But when they made their visit, they put their handkerchiefs to their noses for the purpose of keeping out the offensive odor; and the very gentleman who asked me that question told me he would not live in the neighborhood under any consideration. No inducement would cause him to live there, and yet the question was put to me, "Can you prove that this establishment is detrimental to the health of the neighborhood?" How far that establishment is instrumental in creating disease I cannot tell; but one thing is certain, that the atmosphere is being vitiated. It may be that while that vitiated atmosphere is not of itself calculated to produce typhus fever, yet it is so calculated to injure the health, that when the system comes in contact with disease it is less able to resist an attack successfully than it would have been had such foul gases not been daily and hourly inhaled.

So much for the dependence of typhus fever upon local causes. In regard to the treatment, I do not think that a single word more than Dr. Condie has said upon that subject need be uttered. His remarks in regard to personal cleanliness and clothing were very appropriate. And, in this connection, permit me to refer again to the case of the three patients in Seventh street near Shippen, who were attacked with typhus fever. The children were attended by a nurse, who, after having finished her labors went home to rest. In eight or ten days afterwards, the disease seized upon her also and she died. Here then were seven cases of typhus fever which, I think, can be fairly attributed to the spread of the poison produced in that rag establishment to which I have referred. If cases of this kind could be made positive to individuals of intelligence, having control of an organization whose business is to attend to public hygiene, it seems to me they would not be long in devising some plan by which such an establishment might be purified, and the health of the people in the immediate vicinity improved.

As I said before, in regard to the treatment, I do not think anything better could be adduced than what Dr. Condie has said in regard to that matter.

In relation to stimulants, I have to say with the Doctor, that I have used them freely, and, as I hope, judiciously.

Adjourned.

Large Fees.

M. Nelaton received 400,000 francs for his professional visit to the late Czarewitch.

OVARIOTOMY.

From the *Dublin Medical Press* we condense the following twelve cases, originally published in the *Lancet*, by Dr. I. Baker Brown:

Case.	Nature of Disease.	Duration.	Treatment.	Result.
1	Multilocular ovarian dropsy. Age of patient 29 years.	12 months.	Ovariotomy.	Recovery.
2	Ovarian dropsy; doubtful diagnosis. Age 31 years.	5 years.	Exploratory incision; extirpation.	Recovery.
3	Multilocular ovarian dropsy. Age 47 years.	5 months.	Ovariotomy.	Recovery.
4	Multilocular ovarian tumor. Age 21 years.	15 months.	One previous tapping; ovariotomy.	Recovery.
5	Multilocular ovarian dropsy. Age 44 years.	2½ years.	Ovariotomy.	*Death* in 90 hours, from low form of peritonitis. No secondary hæmorrhage. Heart hypertrophied, and valvular disease.
6	Ovarian dropsy. Age 41 years.	10 years; soon after attack of scarlatina.	One tapping, and ovariotomy.	Recovery.
7	Multilocular ovarian dropsy. Age 50 years.	18 months.	Ovariotomy.	Recovery.
8	Ovarian dropsy. Age 51 years.	2½ years.	Ovariotomy.	Recovery.
9	Multilocular ovarian tumor. Age 25 years.	7 months.	Tapping, ovariotomy, (extensive adhesions.)	*Death* from internal hæmorrhage, 27 hours after the operation. The bleeding vessel, deep down between the uterus and rectum, could not be reached with cautery or ligature.
10	Multilocular ovarian tumor. Age 33 years.	6 years.	Ovariotomy.	Recovery.
11	Dermoid ovarian tumor, containing true bone, cartilage, hair, fat, and a quantity of stearine. Age 17 years.	6 months.	Ovariotomy.	Recovery.
12	Multilocular tumor of both ovaries. Age 30 years.	2 years.	Extirpation.	Recovery.

Of these 12 patients, 9 were single; 2 married; 1 condition not stated. The periods of recovery, (healing of the wound,) in those who recovered, ranged from one to five weeks. The *actual cautery* was used to stop the bleeding vessels, and in nearly every case the pedicle was divided by the actual cautery.

The following cases, operated upon by Dr. Walter Burnham, of Lowell, Mass., are reported in the *Boston Medical and Surgical Journal*, by Dr. G. L. Collins, of Providence, R. I.

1. Mrs. W., age 26; married 4 years; tumor multilocular, existed 5 years; ovariotomy; recovery.
2. Mrs. C., age 48; married 22 years; double ovarian dropsy, multilocular, existed 6 months; ovariotomy; recovery.
3. Mrs. C., age 45; married at 23 years of age, widow 9 years; tumor fibroid, of uterus, has existed 12 years; *the whole of the uterus, together with the ovaries and Fallopian tubes were removed;* three of the ligatures did not come away for nearly seven months; recovery.
4. Miss B., age 18; ovarian dropsy, with encephaloid disease of right ovary; duration 1 year; two tappings, and ovariotomy; death from exhaustion, 32 hours after the operation.

At a recent meeting of the Medico-Chirurgical Society of Edinburgh, Dr. Thomas Keith exhibited four ovarian cysts, which he had recently removed by ovariotomy. All the operations were simple, and easily performed, and were followed by the rapid recovery of the patients. Dr. Keith had performed ovariotomy 31 times, with the result of 22 recoveries and 9 deaths, or 29 per cent. of deaths.

George Wellman, of Cranston, in the Providence *Press*, forbids any physician to visit his family on professional duty, as he will pay no charges for such services, unless by special agreement!

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 4, 1865.

CRIMINAL ABORTION.

It always affords us great satisfaction to be able to record the bringing to justice of one of those infant murderers who infest society, and by whose aid and instrumentality positive *crime* is added the loss of virtue.

A few days ago one Charles Cobell, a noted abortionist of New York City, was tried at the Court of Sessions, before Recorder Hoffman, on the charge of producing an abortion, which resulted in the death of the mother. It is not our intention to reproduce here the disgusting details of the testimony. Suffice it to say that the evidence in the case was as shocking as it was conclusive against the prisoner. But the great point to which we wish to call attention, in connection with this case, is the utter inadequacy of the law, as it stands at present, to properly punish these murderers.

This man, Cobell, had once before been convicted, in 1862, of a misdemeanor in committing an abortion. The punishment then was, of course, a fine in money, which the prisoner readily paid out of the accumulated proceeds of infant murder. Abortion being an *offense* merely, not a *crime*, according to the interpretation of our present laws, what else can be expected than that Cobell and the whole murdering tribe of Cobells, should laugh at law, and continue to set it at defiance? During the three years subsequent to his first conviction, Cobell no doubt plied his dastardly trade with renewed vigor, and probably charged his victims a trifle more to make up the fine of his "misdemeanor."

At last, however, a poor girl dies in consequence of a criminal abortion produced by Cobell. The fœtus is thrown into a sewer, and the victim into a dishonorable grave, while the villain stands before the bar of justice of the metropolis of New York to reap his deserts, which should be either the gallows or imprisonment for life. For we hold that of all murderers these abortionists are the *worst*, because in addition to the physical death they inflict upon their victims, they are wholesale *poisoners* of public morality and decency.

That the law is inadequate for the punishment of these abortionists and the prevention of this crime, is acknowledged in this case, by so eminent a Judge as Recorder Hoffman. In his charge to the jury he remarked that the case was one of great interest. It had been prosecuted with great zeal by the district attorney, and the prisoner had been defended with signal ability by his counsel. It was not the fault of the court or the jury that the law on abortion was defective; and they were not responsible that such an act as the taking of the life of a child, under the circumstances connected with an abortion, was not murder in the first degree. They were bound to try the case according to the law and the evidence.

The jury, about twenty minutes after retiring, returned with a verdict of guilty of manslaughter in the fourth degree. The district attorney moved for immediate judgment on the prisoner. The prisoner asked that the court delay sentence for a few days. Mr. Hall objected, as he did not think the prisoner deserving any such courtesy from the court. The recorder then sentenced the prisoner to two years' imprisonment in the State prison, and alluded to the defective state legislation which made it necessary for him to award such a light punishment.

We hope that our legislatures will remedy the defects in our present laws regarding child-murder, or criminal abortion. To this end no class of men can contribute more than physicians. Let every influence be exerted to place abortion among the catalogue of the highest criminal offences, with the most severe punishment. Nothing short of this will stop a wide-spread and constantly growing social evil. And in addition, let laws be passed to suppress peremptorily by the proper authorities, all advertisements in newspapers, as *public nuisances*, of these professional abortionists.

If the *press* is under the control of men so corrupt and morally depraved, that they admit into their columns advertisements inviting directly to the *crime* of *murder*, it is time that the people, by their constituted authorities, protect themselves against them, as much as they do against mad dogs or other public dangers.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

The second of the series of conversational meetings of this Society, for the season, was held on Wednesday evening, the 11th of October. As stated in a former issue, *Cholera* claimed the attention of the Society. It was elegantly introduced with appropriate remarks by Dr. A. Nebinger, which embodied a complete *resumé* of the subject—entering fully into its causes, predisposing and exciting, its prevention, symptoms, nature, and treatment. An animated discussion ensued, during which the many pestiferous local-

ities in the city were freely animadverted upon, and the duties of the public authorities, especially those of the Board of Health, in times of epidemic threatenings, were critically reviewed. The subject not being exhausted at the hour of adjournment, it was agreed to meet again on Wednesday evening, the 24th of October, and Dr. GEBHARD was appointed to continue the debate.

Accordingly, at the adjourned meeting, Dr. GEBHARD read a brief but instructive paper, embodying an experience of more than half a century, which elicited interesting remarks from Drs. BELL, HAMILTON, BURNS, NEBINGER, and others, covering nearly everything that is known on the subject. At a late hour, the Society adjourned, after appointing Drs. BELL, NEBINGER, MAYBURRY, GEBHARD, and COATES, a committee "to inquire what means ought to be adopted for the prevention of cholera, and to report at an adjourned meeting to be held on the third Wednesday evening of November."

The subject for discussion at the next regular conversational meeting, to be held on the evening of the 8th of November, is "*Displacements of the Uterus.*" Dr. J. CHESTON MORRIS has been selected to read a paper on that occasion.

Notes and Comments.

The Reporter in Philadelphia.

☞ We are happy to announce that we have at last succeeded in effecting an arrangement by which the REPORTER will, hereafter, be distributed, prepaid, through the post office, to subscribers in this city.

Biography of Dr. Stephen Smith.

We trust that none of our readers will fail to read the exceedingly instructive biographical sketch of Dr. STEPHEN SMITH in this number of the REPORTER. We would commend it especially to the younger members of the profession, and those just commencing their medical studies.

New Medical Journals.

We have received the Prospectus of the "*Savannah Journal of Medicine*," which it is proposed to revive on the first of January next, as a bi-monthly. It will be conducted under the auspices of the Medical Society of Georgia. Dr. JURIAH HARRISS, (former editor of the same journal,) and Drs. JAMES B. READ, and J. G. THOMAS are the editors. Terms, $4 per annum.

We learn also that a new journal is to be started in Richmond, Va., in January next—the first number to be issued sometime in December. Dr. E. C. GAILLARD, who is well and favorably known in medical literature, is at the head of the enterprise. Associated with him is Dr. MCCHESNEY, now of Staunton, Va. This journal is to be called the *Richmond Medical Journal*, and we understand is to be issued quarterly. Why not issue it *monthly*, and call it the *Virginia* Medical Journal, thus resuscitating the valuable monthly of that name formerly published in Richmond, and edited by Drs. MCCAW and OTIS?

We are glad thus to announce the revival of medical periodical literature at the South, and hope that these journals will be welcomed and sustained by the profession, both North and South.

The Nation.

This valuable and interesting literary weekly is, we are glad to learn, a decided success. Our readers would do well to patronize it. It does credit to the intelligence and literary taste of our country. Price, $6 per annum—with the REPORTER, $5.

The Atlantic Monthly and Our Young Folks.

These works are among our most prompt and valued exchanges. The *Monthly* is the most creditable literary periodical of its class our country has produced. *Our Young Folks* is a work *sui generis*, so far as this country is concerned, and is admirably adapted to please and instruct the young. A higher religious tone in both works would, in our view, be a decided improvement.

The above magazines are published by the liberal firm of TICHNOR & FIELDS, Boston, Mass. Terms—the Monthly $4; Our Young Folks $2—both together $5.

Prayer and Practice.

The archbishop of Canterbury has prepared a special form of prayer for deliverance from the cattle-plague and cholera, on which the Liverpool "*Post*" has the following very sensible comment:

"We perceive that notice is to be taken ecclesiastically of these terrible calamities, and that a special form of prayer is to be appointed in reference to them. We will not repeat any of the common-places which these public acts of humiliation have so often suggested. There is no doubt that humiliation should often enough be experienced by all of us; and the recognition of the hand of Providence in great calamities affecting the public health may have a very wholesome, as well as in some cases a very superstitious effect. The humiliation, however, most germain to the matter, would be such as would lead us to repent of the state in which we are content to keep our great towns; for whatever disputes may

exist as to the precise relations between filth and epidemics, there is a great concurrence of facts to show that the existence of noisome haunts in our midst is a perpetual source of danger. The immediate duty of all is to acquaint themselves with the facts in relation to these terrible visitations; and it will be well if an investigation of them, while inspiring the community to greater zeal in the cleansing of our populous districts, should also reassure their minds as to the probability of any very serious results occurring during the present year."

Correspondence.

DOMESTIC.

The Cholera.

Editor Med. and Surgical Reporter:

As any information concerning the expected cholera will be interesting at the present time, I beg leave to send you my experience of that dreadful epidemic as it occurred at Malta, in 1855. I was then doing duty at the military hospital at Valetta, the principal town of the island.

1st. The natives, who are extremely poor, very dirty, and live in crowded badly-ventilated rooms, *suffered very little.* Many of these natives were so poor that they subsisted on the garbage of the streets, which consists of melon rinds, apple parings, and such like substances. Those who were in better circumstances lived on the prickly pear, which is almost the only indigenous tree on the island. They drank the common Marsala wine of Sicily and iced lemonade in abundance.

On the contrary, the soldiers, (British,) who were extremely well clothed, fed, and cared for, suffered terribly.

2d. The general and naval hospitals were situated on high ground, their principal wings facing the sea wall; the wards were large and well-ventilated. Whereas, the abodes of the Maltese poor (who did not suffer) were generally in bad sultry localities, at the foot often of those terrible stairs so aptly described by Lord Byron.

3d. Cases occurred daily and nightly in camps situated as far as nine miles from the city; proving pretty clearly that dirt and over-crowded localities were not the cause of the epidemic.

It will be seen from the above facts that diet had nothing to do with the disease, and dirt and locality very little. It is very generally allowed that cholera depends on some atmospheric change whether on invisible clouds of insects, or on sporules of vegetable matter floating in the air, we are still in the dark; but certain it is that it goes against the wind, (taking, as it does, always a westerly course,) and that "the isolation of persons, or the shutting off portions of the city, or of Sandy Hook, or any other place, would do very little good," for the simple reason that nobody can tell where it is going to commence. "Sandy Hook might be the first place infected!" Like influenza, it may affect the inhabitants on one side of a street, and none on the other; Neither would going to bed for forty-eight hours do any good, although recommended by an able physician, because almost all the true cases of cholera that I have seen, have commenced without any preliminary diarrhœa, the patient being immediately and suddenly prostrated, and never rallying. I noticed this fact also during the epidemic in Liverpool, in 1848, while a student.

I do not agree with the Resident Physician, who says, "that adopting a few common rules would prevent danger." No men live so much by rule as soldiers of the regular army; but I do agree with him in recommending "composure of mind," though this would be difficult under the circumstances. Fear is, no doubt, a powerful ally of cholera. The most rapidly fatal case I ever saw, occurred to a sentry who had to do duty in the passage of the cholera ward at Valetta Hospital. He was at his post, quite well, but timid, when he asked one of the physicians on duty, as he was passing along, "Is there any danger?" The doctor told him to cheer up, but he had to be relieved, and died in two hours.

Dr. Jones, of Brooklyn, is decidedly right in what he states in regard to purifying the atmosphere. The only and best plan is to strike at the origo mali. Some means have yet to be discovered to correct either the electrical or some other vitiated state of the atmosphere. Bonfires and lime are recommended and have been used, but in order to make them efficacious, they would have to be used to such an extent as to be incompatible with human as well as insect life.

During the above described epidemic of 1855, such was the utter uselessness of any fixed plan of medical treatment, that every staff-physician was at liberty to order whatever he thought best. Dr. M., of the Royal Artillery, prescribed nothing but iced lemonade for his patients, ad libitum, and he was the most successful physician. Almost all the cases treated by brandy and opium, were subsequently affected by the secondary fever, which is often as serious an affair as the cholera itself.

H. J. Phillips, M. D.,
Physician to the St. George's Society, New York—late 102d Reg. N. Y. S. Vols.
411 *Fourth Avenue, New York,*
Oct. 28, 1865.

News and Miscellany.

Pension Examining Surgeons.

The following appointments have been recently made:

Tennessee.—Dr. W. W. Alexander, Athens; Dr. R. P. Mitchell, Rogersville; Dr. A. A. Caldwell, Strawberry Plains.

Illinois.—Dr. Wm. J. Train, Murphysborough.

Lithophagia.

Those who fancy the coining of a new name may like the above. It has as good a claim to a place in nosology as *pyromania* or *kleptomania*, the last of which is found in Webster. We find in a Connecticut paper the result of a singular instance of monomania, that has resulted in the death of a respectable citizen:

"Through some strange aberration of mind the unfortunate man fell to eating stones and swallowing sticks of wood, instead of the wholesome food which was at his service. When these were too large to be taken conveniently, he forced them down his throat with a stick kept for the purpose. In attempting to do this on one occasion, he pierced his neck, making a frightful orifice in the external surface, which resulted in his death. A post mortem examination showed the astonishing fact that his stomach and intestines contained one stone 2½ inches long, weighing nearly two ounces; another of irregular shape 1½ inches in diameter, another an inch in diameter, a corn cob 2½ inches in length, a piece of wood four inches long, and half an inch square; another 2½ inches long, and nearly three-fourths of an inch square, and various other articles of the same character. This state of things had not seemed to affect the general health of the monomaniac, who but for his eagerness to perform still more wonderful feats in this line, might have been yet among the living. It was certainly a remarkable case of physical endurance, as well as a curious freak of a disordered mind."

Does Animal Food Conduce to Leanness?

In the section of the British Association for the advancement of science devoted to physiology, Dr. John Davy read a paper on the following subject:—"Is the opinion that a diet of animal food conduces to leanness well founded on facts?" He contended that it is a fallacy to suppose that a meat diet prevents fattening. He said:

"My opinion is, and it seems to be the received opinion of most physiologists, that a mixed animal and vegetable diet is best adapted to man's wants, as well as most suitable and pleasing to his tastes, and that the safest way to prevent obesity is to live moderately, observing the happy medium, between the two, attending the quantity rather than quality of food. As a striking example of a reduction of corpulency, I will refer to the case of a man—Thomas Hood—of whom an account has been given by Sir George Baker, in the 'Medical Transactions' of 1767. Born in 1719, when about forty indulging in fat food three times a day, he became very fat, and suffered from heartburn. After suffering from 1744 to 1764 he changed his diet, induced to do so from reading the life of Conarus. He ate sparingly of animal food, took only a pint of ale daily; in 1776 he used no drink, not even water; in 1767 he gave up meat entirely, used pudding or a sea biscuit. He got in excellent health, his spirits lively, his sleep undisturbed, he could carry a quarter of a ton, he lost ten or eleven stone. For three months he lived on coarse flour, of which the sea biscuit is made, and one pint of water boiled together; later and latest on one pound of such flour boiled in a pint and a half of skimmed milk. Conarus, his great example, I may remind you, attained one hundred and one years, and from his fortieth year he restricted himself to twelve ounces of solid food and to fourteen ounces of wine, and this with the best effect. From a suffering individual he became a healthy man, and continued in excellent health to the end of his life."

Discontinuance of Quarantine.

The hospital-ship *Florence Nightingale*, which has been stationed in the Lower Bay of New York as a quarantine, in charge of Dr. Theo. Walser, came up to the city last week, the quarantine having been discontinued at that point for the season.

Army and Navy News.

Promotions.—The following brevet promotions of medical officers of the regular army are announced:

To be Lieutenant-Colonels by brevet—

Surgeon Eugene H. Abadie, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Josiah Simpson, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon William J. Sloan, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon William S. King, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon James Simons, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Robert Murray, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Lewis A. Edwards, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Ebenezer Swift, United States Army, for gallant and meritorious services during the war, to date from March 13, 1865.

Surgeon John Campbell, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Joseph B. Brown, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Robert C. Abbott, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon David L. Magruder, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Charles Page, United States Army, for

faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Charles Sutherland, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Basil Norris, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon John Moore, United States Army, for faithful and meritorious services during the war, to date from March 13, 1685.

Surgeon Richard H. Alexander, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Joseph R. Smith, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon James T. Ghiselin, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon John F. Randolph, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Bernard J. D. Irwin, United States Army, for faithful and meritorious services during the war, to date from March 13, 1865.

Surgeon Bennett A. Clements, United States Army, for faithful and meritorious services during the war, todate from March 13, 1865.

Assigned.—Surgeon J. C. McKee, U. S. A., is hereby relieved from duty in the Department of Washington, and ordered to duty as chief medical officer at the headquarters of Brigadier-General Carleton, commanding District of New Mexico.

Assistant Surgeon, P. C. Connor U. S. A., is hereby relieved from duty in the Department of the East, and ordered to duty in the Department of North Carolina.

Honorably Discharged.—The following Surgeons and Assistant Surgeons of Volunteers have been honorably discharged:

George W. Hogeboom, E. M. Powers, J. R. McClurg, S. E. Fuller, Howard Culbertson, J. V. Z. Blaney, John D. Teed, Daniel Stahl, Abraham McMahon, J. B. Cutts, R. S. Kenderdine, G. S. Palmer, Nelson S. Drake, Samuel B. Ward, J. G. Murphy, H. K. White,, George McC. Miller, Lewis Applegate, Edward P. Mattock, T. H. Turner, J. H. Barthlof, Horatio B. Buck, John Van Duyn, Thomas H. Sherwood, J. Sykes Ely, F. C. M. Petard, Corwin B. Frazer, J. Q. Adams, Henry M. Kirke, J. T. Harrison, Benjamin Tappan, Levi D. Sheets, C. L. Randall, and H. C. May.

Medical Cadets B. Dearborn, John Summers, Robert Hathaway, William O. Tyler, M. Campbell, Frank Harrison, Hugh Doherty, and W. C. Burnham.

Resignations Accepted.—Assistant Surgeon Charles A. McCall, (Brevet Major,) U. S. A.; Assistant Surgeon William F. Cormick, U. S. A.

MARRIED.

Beach—West.—Oct. 25, at the residence of the bride's father, by Rev. Henry J. Fox, Dr. John Beach and Miss Margaret Rebecca West, daughter of William West, all of New York.

Goheen—Bollman.—Oct. 10th, by Rev. W. Mechlin, Dr. B. F. Goheen and Miss Nannie J., daughter of J. M. Bollman, of Goheenville, Armstrong co., Pa.

Green—Dayton.—Oct. 25, by Rev. J. M. Rogers, assisted by Rev. Dr. S. M. Hamill, of Lawrenceville. N. J., Charles G. Green of Brooklyn, N. Y., and Maria E., daughter of Dr. Alfred B. Dayton, of Mattawan, N. J.

Harding—Hill.—At the residence of Dr. J. W. Conway, in Madison, Ind., Oct. 17th, by Rev. J. M. McKee, Myron H. Harding,M. D., of Lawrenceburg, and Mrs. Mary A. Hill, of Madison, Ind.

Jameson—Ingalls.—At Woburn, Mass., Oct. 18, by Rev. Jonathan Edwards, of Dedham, Dr. R. Edwin Jameson, late Surgeon of Mass. 29th, and Annie R., daughter of Ezra Ingalls, all of W.

Laidlaw—Sites.—In this city, Oct. 26th, by the Rev. Elias Well, Alexander H. Laidlaw, M. D. of Hudson City, N. J., and Anna T., daughter of the late George F. Sites.

Maxwell—Laws.—On the 19th inst., by the Rev. John Gordon Maxwell, in Delaware county, Pa., J. Gordon Maxwell, M. D. and Emma S., daughter of the late John Laws, Esq.

Moody—Bowen.—In Cincinnati, Ohio, Oct. 19th, at the residence of the bride, by Rev. John F. Wright, Dr. John B. Moody, of Newport, Ky., and Mrs. Mary Ann Lowen, of College Hill.

Myers—Dilks.—On Oct. 26th, 1865, at the residence of Mr. Benjamin Heritage, by the Rev. Joseph Castle, Dr. James S. Myers and Carrie H. Dilks, both of Philadelphia.

Prelps—Vick.—In Louisville, Ky., October 18, 1865, at the residence of the bride's uncle, H. C. Pindell, Esq , by the Rev. Francis Whittle, Dr. Alonzo J. Phelps, U. S. V., and Miss Mary B., daughter of the late Henry W. and Sarah Pearce Vick, of Vicksburg, Miss.

Sternberg—Rsusell.—At Cooperstown, N. Y., Oct. 19, by the Rev. C. K. McHarg, assisted by the Rev. Dr. Sternberg, Dr. George M. Sternberg, U. S. Army, and M. Louise, only daughter of Robert Russell, Esq., of the former place.

DIED.

Berry.—In Brooklyn, E. D., on Sunday, Oct. 22, Abraham J. Berry, M. D., aged 68 years.

Dr. Berry was elected first Mayor of Williamsburg, in the fall of 1851. He went to the war as Surgeon in Spinola's brigade, and his death was hastened by his arduous duties in camp and field.

Boykin.—Suddenly, at Perth Amboy, N. J., Oct. 24, Mrs, Fannie E., wife of Dr. T. J. Boykin, of North Carolina.

Cole.—At Donaldsonville, La., Oct 5, 1865, Eli K. Cole, of Carmel, Putnam co., N. Y., Acting-Assistant Surgeon in the United States Army, aged 28 years.

Robbins.—At the residence of their parents in Glendale Ohio, on Thursday, Oct. 19th, of diphtheria, Oliver P., aged 4 years, and Chandler O., aged 2 years, only children of Dr. S. and Elizabeth M. Robbins.

Taylor.—In this city, Oct. 26th, Harriet M., wife of Dr. Wm. T. Taylor, in her 38th year.

ANSWERS TO CORRESPONDENTS.

Dr. T. S. S., New Boston, Ill.—Jarvis' Adjuster cannot be obtained. Obstetrical Forceps, $7

Dr. J. L. S., Chambersburg, Pa.—Vols. I. to XII., bound, sent as directed, on the 28th.

METEOROLOGY.

October	23,	24,	25,	26,	27,	28,	29.
Wind.....	N.	N.	N. E.	E.	E.	S. W.	N. W.
Weather.....	Cl'dy.	Clear.	Clear.	Clear.	Cl'dy, Rain.	Cl'dy.	Clear.
Depth Rain.....					1 in.		
Thermometer.							
Minimum.....	35°	34°	32°	33°	36°	50°	37°
At 8 A. M.....	54	46	43	40	55	63	47
At 12 M.....	62	54	52	52	59	64	52
At 3 P. M.....	58	52	52	56	60	65	49
Mean.....	52.25	46.50	44.75	45.25	52.50	60.50	46 25
Barometer.							
At 12 M.....	29.	30.2	30 3	30.3	30.2	29.9	30.1

Germantown, Pa. B. J. Leedom.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64 Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers,* of No. 414, Feb. 4, 1865.

THE

MEDICAL AND SURGICAL REPORTER.

No. 454.] PHILADELPHIA, NOVEMBER 11, 1865. [Vol. XIII.—No. 20.

Original Department.

Communications.

INTRA-UTERINE INJECTIONS IN OBSTINATE MENORRHAGIA.

By O Crook, M. D.,

Of Dayton, Ohio.

Every physician occasionally meets in his practice with one of those trying cases of menorrhagia, of great obstinacy, and frequently of alarming severity, and after having gone through with the regular routine of remedies, recommended in such cases, such as astringents, tonics, cold applications, plugging the vagina, etc., etc., and having exhausted his own patience, as well as that of his patient, the unfortunate woman remains in about the same condition as when he commenced his treatment. The hemorrhage continues; or if held in abeyance for a while, it is only to break out again, at the next monthly period, with renewed vigor; or peradventure, nature may come to her relief, and do for her what the doctor and his remedies failed to do; or from the debilitated and exhausted condition of the system, some latent disease is developed, and unable to withstand the additional impairment, the case terminates fatally. Such has been my experience, and such I presume has been the experience of every physician, who has long been engaged in the practice of his profession; and the continued obstinacy of such cases, and the failure of the remedies used to secure the end desired, have, at times, almost impaired our confidence in all of them, and led us to inquire if some other mode of treatment might not be more rational, and also more successful.

Much difference of opinion has existed amongst the profession, as to the propriety of astringent injections into the uterus, in case of obstinate menorrhagia. Whilst some have regarded them as safe and proper, others of high authority have deprecated them, as being *extremely dangerous*, and attended with the most fatal consequences. This difference of opinion amongst medical men, has deterred the profession, generally, from the use of this valuable aid in the treatment of this disease; but I believe that I am safe in saying that the prejudice so long existing against the use of intra-uterine injections has been gradually giving way, and the practice is now looked upon with more favor.

The causes of menorrhagia are numerous, and a woman may be liable to an attack at any time during the period of menstrual life. But we most generally meet with obstinate cases in those women who have borne children, and also, about the time of the cessation of the menses. Menorrhagia may be active, or passive; it may arise from a plethoric condition of the system, and too great activity of the uterus, or from debility, and want of tone in the secretory orifices of the organ. That condition which at first might be regarded as *active*, will in time, in consequence of the excessive loss of blood, and the continued drain upon the system, become *passive;* and the symptoms, both general and local, become more formidable, and the treatment more difficult. It is in the treatment of this latter class of cases that I desire more particularly to call the attention of the profession to the use of tonic astringent injections into the uterus.

I need not enter into a detail of the anatomical character of the uterus. We know that it is internally lined with a delicate membrane resembling mucous membrane, which is abundantly supplied with blood-vessels, and abounding in small orifices, from which the blood at the time of the menses, as well as in menorrhagia, is supposed to flow. Now in case of excessive hemorrhage, how can we best constringe those bleeding orifices, when we find it necessary to do so. Can we not better effect our purpose by applying the astringent directly to the bleeding surface, rather than by the use of internal remedies, which can only at best affect the organ remotely? Every intelligent physician will say, first arrest the bleeding, if it can be done, and stop the drain from the system, and then constitutional remedies will have their effect, in combination with healthy food and open air exercise, in building up the system, and restoring the uterus to its normal condition.

But may we with safety apply our astringent

remedy directly to the bleeding part? I think so: and whilst I would not seem presumptuous, I would no more hesitate to inject the uterus, were it necessary to do so, than I would to make an application of the nitrate of silver to the eye, or throat, which is a common practice. I have done so in my practice in several instances for the past few years, and in no case have I seen any unpleasant consequences, but on the contrary, the most satisfactory results. I must admit that I had my misgivings at first, as to the propriety of injecting into the uterus astringent and irritating remedies, and it was only after I had lost confidence in the usual plan of treatment, that I determined to risk a trial of their effects.

The following cases will more fully illustrate my mode of treatment:

Case 1st. Mrs. L., aged 43, a woman of full habit, and the mother of eight children, had menorrhagia for nine months; six months of which time she was treated by another physician, without improvement. After taking charge of the case, I used the usual remedies, without success, and finally determined to try the efficacy of injections into the uterus. A gum-elastic catheter was passed into the uterus, and by means of a gum-elastic syringe, the end of the pipe being introduced into the open end of the catheter, I first washed out the womb with tepid water, and then injected about one ounce of the following solution:

℞. Acetatis plumbi, ℈j.
Aquæ, f.℥j. M.

The injection produced no unpleasant symptoms, and was repeated every day for three days; the discharge gradually subsiding, and finally it ceased entirely. Tonics, etc., were administered at the same time, and under their use the patient entirely recovered, and has menstruated regularly since, although somewhat advanced in life for regularity in this respect.

Case 2d. Mrs. M., aged 42, a woman of spare habit, and delicate health, suffering with cirrhosis of the liver, of which affection she has since died, was attacked with menorrhagia, which continued a constant dribbling from the uterus for three months. She became very much reduced. The stomach was so irritable, that almost every kind of food and medicine administered to her was rejected. I had used in this case injections of acetate of lead and sulphate of zinc, without arresting the hemorrhage.

Dr. A. Geiger, of this city, was called in consultation, and we concluded to use the perchloride of iron, as a more powerful astringent and tonic than either of the above salts. After washing out the uterus with tepid water, about an ounce of the following solution—

℞. Ferri perchloridi, f.℥j.
Aquæ, f.℥iij. M.

was thrown in. No unpleasant effects followed its use, other than a feeling of contraction of the uterus. The bleeding was partially arrested, and on the following morning the blood came away in dark clots. A stronger solution was then injected, followed with still more favorable results, and continued every other day for a week, when the hemorrhage entirely ceased. The patient rallied and improved very much, but in a few months sank under the granular degeneration of the liver.

Case 3d. Mrs. B., aged 47, mother of five children, had menorrhagia for four months, during which time she was treated by another physician. When called to her I was satisfied that all the usual remedies had been resorted to, and determined at once to inject the perchloride of iron, which I did, nearly the full strength, using about f.℥iij. The following morning dark clots came away; the bleeding was less. The injections were used every other day for a week, and she was cured, and has remained well since.

Case 4th. Mrs. S., aged 27, a spare woman of delicate health; had borne three children; in consequence of trouble, and ill treatment from her husband, was attacked with menorrhagia, which continued at intervals for nine months. She was very much reduced from the loss of blood, together with the loathing of food and loss of appetite, common in such cases.

Dr. Geiger was also called in consultation in this case; and as the hemorrhage at the time was quite severe, we determined to use the perchloride of iron, its full strength. About f.℥ij. was thrown into the uterus, and a light roller, with compress, applied over the abdomen; a small dose of opium was given, and she rested quietly until morning, when dark, hard clots came away. The womb was then washed out with tepid water, and the injection repeated; and was used every other day afterward twice, when the bleeding entirely ceased.

In this case the uterus was very much enlarged; the os permitting the free introduction of the finger, and the existence of vesicular granulations, or small polypi, was suspected. After the first injection was used, a sensible contraction of the uterus took place, and continued after each injection, until its normal size was resumed.

This patient had a slight return, which continued for nearly two weeks, some eight weeks after being cured of the first attack. One injec-

tion of the perchloride of iron was used, and the bleeding was arrested; since which time, now about eight months, she has menstruated regularly.

In all of the above cases, tonics and stimulants together, with as much nourishing diet as the patient would take, were given, in combination with the local treatment.

It will be observed that I give the preference to the *perchloride of iron*, as an injection, and think it may, with safety, be used in its full strength when required; and that it is only in those cases that would be classed as *passive*, in which I would recommend the resort to intra-uterine injections. But the violent headache, throbbing of the temples, occasional flushes of heat, feeling of fulness in the region of the uterus, etc., often attendants upon this condition, will not be mistaken for a condition of plethora, and requiring depleting remedies, but rather, as arising from the long continued loss of blood, producing the excitation, and relative determination, and demanding the arrest of the hemorrhage as speedily as possible, and a tonic and nourishing treatment.

SURGICAL CONTRIBUTIONS.

By Louis Bauer, M. D.

Of Brooklyn, N. Y.

IV.

Spermatorrhœa and Virile Impotency, and their Respective Causes.

In my estimation there are few complaints that give more anxiety, vexation, and disappointment to the practitioner than spermatorrhœa and virile impotency. Notwithstanding that these diseases have been known many centuries, and that the organs implicated are readily accessible to expoloration, there is as yet no reliable and effective treatment of the same.

Lallemand seems to have been the only surgeon of caliber who has approached the subject and considered it worth his special attention. Though failing to penetrate to its full depth, he certainly spared no toil and effort to advance our understanding. Those that have followed him have but ruminated his achievements and added scarcely any original investigation. The subject stands precisely there, where Lallemand left it many years ago, and it seems as if it had been abandoned to the tender mercies of quacks, to whom it has proven an inexhaustible source of spoil. It may therefore not be out of place to bring the subject back to legitimate attention, and re-open the discussion with a view of invoking the interest of the profession. In order to close the door for new speculations which already abound on this ground, we should set to work to collect diligently all the tangible facts in the premises and admit no inferences from any one, unless well substantiated by exact clinical records.

I find some well related cases in the *Clinical Journal* of the late Brooklyn Medical and Surgical Institute, that were under my charge, which I propose to submit, with others that occur in my private practice. They will at least serve to open the avenues for further investigation.

Case 1. *Spermatorrhœa and virile impotency probably caused by an obstruction of the left seminal duct; painless enlargement of the left testicle from retention of spermatic fluid. Removal of the testicle recommended but deferred. Death of the patient from exhaustion.*

Says the *Clinical Journal*:—"A tailor presented himself at the clinic of Dr. Bauer, and asked for advice in reference to a swelling of his left testicle. The patient, 35 years old, very spare, tall and pallid; has been married twelve years, but one child, now 8 years of age; stated that he suffered from frequent nocturnal emissions; frequently passed turbid fluid from the urethra when defecating; is under the necessity of frequently voiding his urine during night, which disturbs his rest; has a voracious appetite, and withal loses flesh and strength; wants to sleep always; has short breath and on the slightest exertion, palpitation of the heart with copious perspiration; is unable to perform sexual intercourse.

"The affected testicle has the size of a goose egg, is not much firmer than the right one, not tender on pressure, not hot or discolored; surface even, no distended veins; epidydimis somewhat full; spermatic cord thickened, but neither hard nor tender. Patient speaks of a 'painful dragging' along the cord. This swelling has existed two years without much change in size, and has come on gradually. The catheter (No. 8) passes into the bladder without much inconvenience; but little tenderness on touching the virum montanum. The rectum partly filled with feces, the sphincter very irritable; prostate gland generally but slightly enlarged, moderately firm and tender; *left seminal vesicle filled and so much distended that its ramifications can be distinctly discovered;* right one ordinary."

This very precise and complete record of the case, I owe to my young friend, Dr. George H. Bennet, Jr., of this city, who was then House-Surgeon of the institution, and who took great pride in accurately noting down the more prominent cases that presented themselves to our cog-

nizance. I well remember the interesting features of the case, and not only invited the attention of my colleagues, then present, but directed the patient to call upon Prof. Alonzo Clark, and to place himself at that gentleman's disposal for purposes of instruction, which Dr. Clark acknowledged in his usual appreciative and courteous manner. Neither of the gentlemen cognizant of the case took exception to my opinion then advanced, to wit; that the very cause of all trouble consisted in an obstruction of the left spermatic ductus, most probably by a small seminal calculus. The testicle was obviously sound, and fully able to perform its office; the semen was abundantly secreted and carried to its reservoir; the seminal vesicle—ready for eventual use, but from these it could not be discharged, owing to the existing obstructions. Hence, the accumulation and distention of the entire seminal apparatus from the left seminal vesicle, to the very termination of the canaliculi in the testicle. The frequent pollutions from the right side, the ensuing impotency and the irritability of the bladder, I imagine, were remote sequelæ of the continuous disturbance and irritation in the spermatic apparatus on the left.

Not being able to remove the cause of the obstruction, the next best course seemed to me the annihilation of the seminal fabric on the left side. Hence, I advised the removal of the testicle involved. The patient, though willing to accept the ultimatum, wished for delay, in order to arrange his affairs. When he entered the hospital a month later, I found the testicle smaller, and thinking with Dr. Alonzo Clark, that atrophy of the organ had fairly set in, I deferred the operation with the advice, that the patient should present himself from time to time, so as to give us an opportunity of judging of the future exigency of the operation. But the patient did not come back, and some months after I was informed that he had succumbed to physical bankruptcy.

Now I do sincerely regret that I did not perform the operation when the patient was ready for it; most probably he would have purchased his life with the loss of an organ neither useful nor ornamental.

Case 2. A German mechanic, aged 40, of a very powerful body, presented himself at the clinic of Dr. Bauer. The contrast between his huge frame and his very pallid, bloated, and feeble appearance is conspicuous. At first sight, he made the impression as if he suffered from some organic disease of the heart, the liver, or the kidneys respectively, either of which had eventuated in dropsical collections. The exertion he had just undergone, had caused him violent cardiac palpitation and rapid respiration; his brow was covered with cold sweat; he evidently moved with some difficulty. The patient alleges that he feels very weak, that he could continuously sleep and eat, that his stools are torpid, and that aside from some heaviness in the head, he suffers no pain. On being questioned, avers that he experiences some trouble in his urinary apparatus, in not passing much water, or in a properly-sized stream; again, that during night he is frequently disturbed by the desire of voiding his urine. For a long time, he has been plagued with nocturnal seminal emissions, which of late take place without any sensation whatever, leaving, however, their evidences on his body-linen; has lost all sexual appetite, and thinks himself unfit to effect coition. In passing hard stools, has a peculiar and disagreeable sensation in the glans penis, with the simultaneous escape of a drop or so of a turbid and viscid fluid from the urethra. Heart and liver are found healthy. The feeble action of the former, when calmed down, is proportionate to the general prostration. Urine is free from organized elements; phosphates are abundant, and the amyloid test proves negative. Penis and testicles rather large and flabby. There is no serous collection anywhere; the subcutaneous adipose tissue is very soft, as if occupied by an oily fat. On examining the pelvic organs, nothing extraordinary is met with, except that the prostate gland is found to be considerably enlarged in all its dimensions, slightly firmer, and moderately tender. On pressing the organ, the patient complains of that peculiar sensation in the glans penis already adverted to, and some moisture can be collected on an object-glass, which exhibits, under the microscope, *spermatic cells*. Thus far the clinical journal, which comprises the chief features of the case as they were seriatim elicited. I may add from my own recollections, that the catheter was inserted on various occasions, without any difficulty whatever, and, furthermore, that debility of the system of the patient had come on in the same ratio as the seminal emissions became frequent. From the patient himself and from some of his acquaintances, I heard that he had been a temperate man in every respect, been but once affected with gonorrhœa, years ago; and that, within the last thirty months, he had been one of the most powerful and hardworking mechanics.

No one who has carefully analyzed the symptoms of the patient can come to any other conclusion than that of genuine spermatorrhœa and virile impotency, and that the only tangible pa-

thological basis disclosed was *subacute prostatitis*. This diagnosis was, moreover, verified by the subsequent successful treatment, which I will not specify at this juncture, inasmuch as I have to recur to the same subject. Suffice it to say, that after a four months' treatment, the patient had materially increased in weight and strength, his flesh had become firm, and his appearance exhibited scarcely any trace of the former hydræmia. The nocturnal emissions happened but rarely, and certainly not half as often as with a man of his age and weight who lived, like himself, in absolute sexual abstinence. Inasmuch as I have not seen the patient for some time, I am unable to say whether his virile potency has become reëstablished.

Case 3. Bears a widely different clinical aspect. The patient in question is nearly 50 years of age, of portly appearance, and the very picture of health. My personal acquaintance with him for years, furnished me with a detailed knowledge of his domestic habits and principles, which were such that no exception could be taken. He is every way an exemplary gentleman, and enjoys justly the esteem and confidence of the community at large. From his childhood, he had observed moderation in all enjoyments of life, he married early, and is at present at the head of a fine though not numerous family. I mention all these circumstances with a view to preclude the generally supposed causation. Being of a robust constitution, he had moderately indulged in matrimonial intercourse and observed no change of virile capacity until he reached his 48th year, when on a sudden it gave out, and left him impotent. With this state, he might have reconciled himself at his advanced age, if other troubles had not been superadded. There was, especially during night time, a frequent desire to urinate, which disturbed his repose and rendered him fatigued and irritable. For two years, he had been attended by one of our prominent physicians, who had, however, shown little interest in his difficulty, and given him at no time any relief whatsoever. Apparently, his former attendant had looked upon the virile impotency as *the disease*, and had centred his attention upon that point, without looking beyond it for causes. Among other appliances, he had used that absurd contrivance, known as the exhausting cylinder, which had procured but a temporarary erection of the penis, without any benefit. At this juncture I took charge of the case, not without hesitancy or misgiving.

On examination, I noticed penis, scrotum, and testicles, soft and flabby; the tunica dartos and the cremaster muscles had almost lost all contractibility. The prostate gland was decidedly enlarged, and tender to touch, but seemingly unchanged in texture; when pressing upon the same, the patient evinced a very unpleasant feeling in the glans penis, and simultaneously a small drop of liquid would be squeezed out of the urethra, being of a whitish color, viscid, and sticky, though without spermatic odor. When examined under the microscope, with proportionate power, I observed spermatozoæ and epithelium rather abundantly. The catheter could be readily inserted, and met with no mechanical difficulty in the urethra or bladder.

I should have mentioned that when the attention of the patient was excited to the escape of turbid fluid from the member, he stated that he had previously and not rarely observed it when defecating, accompanied by the same sensation he had just then experienced.

[To be continued.]

THE LATE PROFESSOR REMAK.

[Some weeks since, we announced the death of the distinguished Professor Remak, of Berlin. His reputation and labors did not belong to Berlin, or to Prussia, nor yet to Europe, but to the world. Those, however, who came in daily contact with him, knew best how to appreciate his talents and learning, and felt more his loss than do we who live at so great a distance. It is with pleasure, therefore, that we present our readers with the following estimate of his worth, translated from the *Central Medical Gazette*, (*Medizinische Central Zeitung*,) of Berlin, Prussia, September, 1865.—Editor Med. and Surg. Reporter.]

"Terrible news has reached us from Kissingen. Professor Remak, living in our memory as a picture of blooming health, has died of a carbuncle. Again science has lost one of her first pillars, and is deprived of a mighty power, vigorously laboring for progress. Remak was a genius in the fullest significance of the word. But very few of those even who shine in renown, and have earned it by great achievements, can be placed alongside of him in this respect. From every thought, from every word, sparkled genius; unfettered, despising every confining limit, he ventured on the most remote and sublime. Such a mind must ever create an epoch, wherever it turns with its entire full force.

"What Remak has accomplished in anatomy and physiology, allies him for eternity to the most eminent names of all ages. The progress for which medical science is indebted to microscopical anatomy is also his merit; he was one of the most vigorous and original co-laborers in this colossal work, whose fruits we are now enjoying. To these

labors, which alone would have sufficed for the greatest of human lives, must be added the enormous achievements of his later years, in the sphere of practical medicine. Remak himself has, whilst living, esteemed these last achievements more highly than the former, which were the foundation of his renown. He had the satisfaction to live long enough to prove to the whole world as true, what formerly little and narrow minds had dared to ridicule; he began to make the sparks of his light visible even to the most sceptical, and to dazzle by the might of his fire those who had ventured to follow his daring gigantic flight.

"We can scarcely as yet survey the height to which Remak's genius has soared, and all the departments it has dared to fructify by its fulness. Alas! there is none now capable—even approximately—to continue his labors, and some decennial periods will pass away before we shall have attained a somewhat safe ground from which the whole significance of Remak's discoveries may be overlooked. Perhaps after the lapse of a hundred years, many a fact will by some one else be given out as newly discovered, which Remak has now already ascertained or foreseen, and which has not been appreciated by our age. Remak has now the peace which he could not by his restless endeavors attain while living. Immortality on earth is forever secured to him."

Hospital Reports.

Philadelphia Hospital,
October, 1865.

Medical Clinic of Dr. J. L. Ludlow.

Reported by A. M. Shew, M. D., Resident Physician.

Chronic Laryngitis.

George B, æt. 48, was admitted to the hospital September 26th. Three years ago, while working at his trade, he caught cold, and from it arose this trouble in his throat. It has been a source of but little annoyance to him until within the last three months. At the present time his voice is altered, and there is difficulty in swallowing. In some respects this is a trifling case, and yet you will meet them often in practice and they will puzzle you. When a patient comes to you complaining of sore throat, and by examination you find more or less inflammation, indicated by an increased redness of the fauces, but with little or no alteration of the voice, you may decide at once that it is a case of pure pharyngitis. Should you detect thickened vocalization, or, in other words, an alteration in the tone of the voice, with no enlargement of the glands, and but little or no inflammation of the pharynx, you may know that the trouble is caused by inflammation of the larynx—the spot where the voice is formed.

In a majority of cases laryngytis is the result of neglected pharyngitis. The inflammation first attacks the pharynx, is neglected, and by continuity of structure continues downward until the larynx is reached. The one is a simple affection of the anterior portion of the fauces, while the other is a most serious disease.

Treatment.—In a case of simple acute pharyngitis keep the bowels open and surround the throat with cloths wrung out in warm water. In addition, a solution of nitrate of silver, gr. x. to the ounce, applied to the inflamed surface by means of a soft camel's hair pencil, will be found serviceable. A simple gargle of honey and alum, or of chlorate of potassa and honey, will add to the comfort of the patient.

Acute laryngeal trouble is far more important, though in the beginning very simple. Commence your treatment by the use of two dozen leeches about the throat, and warm applications immediately afterward. Place your patient in a warm moist atmosphere. Do not allow him to use his voice. In addition, it may be necessary to administer small doses of calomel, soda, and ipecacuanha, followed by the neutral mixture; this mixture may be made more palatable by supersaturating the solution. In this way you produce a gentle diaphoresis, and the patient will soon experience relief.

And still the case may continue until there is a thickening of the mucous membrane, as illustrated by the patient before you. Should this happen, make continued use of counter-irritation; or you may adopt the treatment originated by Dr. Green of New York, of sponging out the larynx with a weak solution of argenti nitras. It is a very difficult operation, and you may be defeated in your attempt to enter the larynx. I have occasionally met with patients suffering from laryngeal trouble caused entirely by general nervous debility, and no true disease of the throat. In these cases it will be necessary for you to administer those tonics which act directly on the nervous system, also to advise your patients to travel. Change of climate will often benefit more than medicinal agents.

Of all fearful cases, and the most alarming that you are called upon to treat, is pseudomembranous croup. It usually attacks children suddenly in the night. Upon examination you find your patient with great fever, dyspnœa, and a tendency to membranous formation in the throat. When called to the bedside direct that the patient's hands and feet be placed in warm water, while hot fomentations of turpentine are placed about the neck. Administer an emetic, of which there are a variety; a simple and effective one may be found in every house—it is two drachms of powdered alum and one drachm of common molasses. Hive syrup, sulphate zinc, and ipecacuanha have all been used with success. Should these means fail, you may resort to small doses of calomel, soda, and tartarized antimony. I have made use of this combination repeatedly, and with very gratifying results. An infusion of tobacco leaves about the throat will often prove serviceable when other means have failed.

Permit me, gentlemen, in this connection, to briefly direct your attention to a peculiar disease which has of late years been a source of annoyance to both patient and practitioner. I do this more for the purpose of dispossessing your minds of the fallacious belief that diphtheria is merely a local affection of the throat. It is a most fatal disease which comes on insidiously and is characterized by sudden prostration and disorganiz·tion

There are two forms—the one in which the patient dies from pure exhaustion, and in the other from the deposit of a peculiar membrane in the back part of the throat. In the treatment of diphtheria we should remember that the constitution is affected, the blood poisoned. A general invigorating course of treatment affords the most gratifying results. Administer freely of iron, quinine, milk punch, mutton broth; for the local affection use a gargle of chlorate of potassa, and have the throat touched with a solution of nitrate of silver. In many cases your human efforts will be in vain; the patient will sink and die in spite of all the skill and experience at your command.

Medical Societies.

ACADEMY OF MEDICINE, NEW YORK.

Meeting of November 1st, 1865.

(Specially reported for the Medical and Surgical Reporter.*)

The Pathology of Pneumonia—Paper by Professor Alonzo Clark; *Luxation of Humerus; Congestive Intermittent.*

Pathology of Pneumonia.

Prof. Alonzo Clark, in presenting to the Academy a paper on the pathology of pneumonia, remarked that the points advanced therein, were the results of a special study made more than twenty years ago. In 1852, these thoughts were put upon record, and recited before the State Medical Society, and the present paper contained an embodiment of the same facts. The substance of his paper had, however, never been made public, except in his lectures, and in order to place these views upon record, he had accepted the invitation of the Academy.

The main topics to which he would call attention in giving a synopsis of the paper were two: 1st, the seat of effusion in pneumonia, and 2d, the relation of the second and third stages to each other.

In regard to the first point mentioned, there had been a great deal of confusion Lænnec and others looked on the pneumonic effusion or exudation as a concrete plastic exudation which filled the interstices of the lung-tissue, and caused consolidation by the mere pressure upon and obliteration of the air-cells. This opinion was participated in by nearly all until 1842–3, when Rokitansky published his work, and at about the same time, perhaps a little earlier, Dr. Williams also pointed out that the effusion in pneumonia was into the air-cells, and not into the lung-tissue proper. Later, Dr. Da Costa published a paper on the subject in the *American Journal of Medical Sciences*, advancing the same view.

Dr. Clark then read extracts from Rokitansky in which that author states that the characteristic granulations of pneunomia are the product of inflammation in the air-cells, which is preceded by a tough reddish-brown substance, which produces the crepitant râle. Here, then, is a distinct recognition that the inflammatory effusion is into the air-cells.

On becoming acquainted with the views of Rokitansky, through the January number of the *British and Foreign Medical Review*, in 1843, Prof. Clark, engaged at that time in the study of pneumonia, determined to examine the subject thoroughly. The first point was to decide in regard to the seat of effusion.

He obtained lungs that were consolidated by pneumonic inflammation, and after making sections, it was not difficult, with the point of a needle, to turn out the contents of the air-cells and observe them microscopically. There was one important circumstance which went far to settle the question. By maceration, the air-cells became relieved of the plug of effused matter, which was dissolved, and on examining the lung tissue, from which the contents of the air-cells had thus been removed, microscopically and otherwise, not only was it found that the air-cells themselves seemed to have undergone no material change, but that there was nothing whatever in the intercellular structure indicating any effusion or inflammatory action. In the further study of the subject, he was able to satisfy himself that the lobular plexus of vessels surrounding the air-cell was the particular seat of the inflammatory action in pneumonia.

The seat of the pneumonic exudation being thus settled, it was next important to determine whether the opinions held in regard to the nature and character of the effusion were correct. After many trials, he had been able to determine that Rokitansky was *entirely mistaken* in considering the exudation as "*croupy*" or *plastic*. From numerous observations he could state the constituents of the pneumonic effusion to be as follows:

1. Blood-corpuscles.
2. Fine granular matter in great abundance.
3. Cast-off epithelium.
4. A corpuscle resembling the pus-globule.
5. Exudation corpuscles.

These elements, and *none other*, were invariably found in the effused material of the second stage of pneumonia, or that of the so-called red hepatization. Satisfied thus far, it became interesting to examine what relation this exudation bore to the third stage, which was generally looked upon as one of purulent infiltration.

In his investigations he had been unable to find any more evidences of the presence of pus in the third stage than in the second. There was a corpuscle in the effusion of both stages resembling the pus globule; but still it presented distinct characteristics, so that he had been induced sometimes to call it the pneumonic corpuscle. The

* These reports are not *verbatim*, but an accurate and concise synopsis of the most important parts of the transactions of this body.—*Reporter.*

same elements were found in the third stage that were found in the second, and the conclusion arrived at was that the only difference between the two stages, pathologically, was in the relative proportion of coloring matter present in the effusion, giving it in one stage a red, in the other a grey appearance.

Persons who have studied pneumonia know that these plugged-up air-cells can be relieved, that the effusion becomes removed; and the subject will be better understood, perhaps, by considering the process through which this is accomplished.

When the second, or stage of red hepatization is complete, the inflammatory action has exhausted itself. The stasis is beginning to give way, and blood begins to circulate in these obstructed capillary vessels. A serous fluid is exuded from the cell-walls, which softens and breaks down the plug filling the air-cell, dissolving it partially, so that it is removed by expectoration, or completely, so that it is reabsorbed. That the pneumonic effusion can become entirely absorbed is easily understood. In a considerable number of cases of pneumonia there is no or very little cough. He referred to one case of decided pneumonia, in the whole course of which the patient coughed but once. The patient made a speedy recovery. What became of the effused material? It was absorbed. These cases are not very unfrequent.

In order to throw still further light upon the subject, after having satisfied himself as to the seat of the effusion, its character, and the identity of the exudation of the second and third stages, he examined the expectoration of twenty-five persons suffering from pneumonia during 1843–45. He found in the expectoration of all these patients through the various stages of the disease, precisely the same things which had been observed in pneumonic lungs after post-mortem examinations. The same five products were present, only, in addition, some products of the bronchial tubes, as must be expected.

Following on with these observations during the progress of the disease until the expectoration had lost its characteristics, when resolution had become nearly complete, still the same elements were found, with the exception of the *blood corpuscles*, which were gone. The loss of color then constitutes the difference between red and gray hepatization.

Those who have been occupied with pathological anatomy, know how difficult it is to keep a pneumonic lung, illustrating red hepatization, for twenty-four hours, or even over night, in a room at 75° temperature. Exposure to air and heat changes it to grey hepatization. This change takes place in obedience to the laws of oxidation of the hæmatine of the blood, and according to the degree and energy of oxidation a great variety of colors is produced, from white to the brilliant blood-red. If thus the mere effect of air and an elevated temperature is sufficient to change a dead lung from the condition of red to that of grey hepatization, it is not difficult to suppose that the chemical changes in the coloring-matter of the effused material during the progress of a pneumonia, under a temperature of over 100°, and the influence of moisture and air are sufficient to explain the gradual change of red into grey hepatization.

In all his investigations, Prof. Clark could find no foundation for the idea of a fibrous or plastic exudation into the intervesicular structure in pneumonia. Labert, in 1855, published a work with plates, which are very faulty, only representing the larger corpuscles of pneumonia, and also indicating interstitial effusion. Again, Rokitansky says that the exudation melts down into a puriform matter, which infiltrates the lung. Here both Rokitansky and Labert are wrong. There is, as has already been stated, no element in the third stage which is not present in the second, and the one is no more a stage of purulent infiltration than the other. What has been considered purulent infiltration is simply a loosening and breaking down of the effusion, with the change in the coloring-matter, preparatory to its removal by absorption and expectoration.

The fact is that no man can recover from pneumonia without the third stage, which is really a stage of restoration. If the question is asked, why then do patients die in this stage? it must be answered, that it is not common to find a lung in the whole of which the grey hepatization has begun, and where the inflammatory process is uniform. Generally, the three stages are found mixed; some portions presenting the first, some the second, others the third. Again, very few persons die of the direct effect of an inflammation. It is not the effusion which kills directly, but its gradual effect upon the function of the organ, the respiration, the circulation, the heart, the strength of the patient; and this effect is more likely to occur later in the progress of the disease, even when the restorative process has commenced, than earlier, when the patient offers more resisting force.

In conclusion, Prof. Clark called attention to one practical inference with regard to the treatment of pneumonia. With the view of plastic exudation, of the membranous, croupy, organizable nature of the effusion, as held by Rokitansky and others, the calomel treatment of pneumonia was theoretically justified, there being the universal opinion that calomel is the great remedy to reduce an excess of plasticity. Let the opinion be corrected that the effusion of pneumonia is plastic, and the theoretic support of the calomel treatment is gone. He would not say that this treatment was unjustifiable, though his opinion was that the disease was better treated without it. But hereafter the question must be determined by a careful comparison of cases, as treated by different methods, and not upon a theoretical presumption, which has no foundation in observation and facts.

Prof. Flint remarked that fibrous exudation on mucous surfaces, or serous membranes, was very difficult of absorption, and this was one reason why in the large number of cases of pneumonia, where absorption is very rapid, the effusion can hardly be considered plastic. In clinical observations it had been a matter of astonishment how large was the quantity of exudation in pneumonia, determined by weight at post-mortem examination. He had found it no less than four

pounds in one case. He thought that to meet clinical facts we must assume *two* third stages of pneumonia,—one, in which absorption goes on, the other where it ceases, giving rise to the appearance of the passage of the lungs through a stage of purulent exudation.

Dr. Stone asked the question whether there is any actual pus in these cases?

Prof. Clark remarked that a material resembling pus was present in every stage. In cases where the disease takes a slow course, and continues longer than ordinarily, it is always complicated more or less with bronchitis, which gives always a great deal of purulent matter. But true pus does not form an element of any particular stage of pneumonia. He would state in addition, that in the twenty-five patients where the expectoration was examined, blood was present up to the sixth or seventh day, and continued under the microscope, even when to the naked eye the bloody expectoration had entirely ceased.

Luxation of Humerus.

Prof. Post called attention to a case of luxation of the humerus. Some time ago he had related a case of twenty-one weeks' duration, which had been successfully reduced by Smith's method of manipulation. Recently, however, he had met a case where he failed in reducing a dislocation, only five weeks old, by this method. The case occurred on board of a vessel on sea. He saw the patient five weeks after the accident. The patient having been placed under ether, thorough efforts were made to reduce the luxation by manipulation, but failed. Jarvis' adjustor was then applied, and the head of the humerus could be brought from its position under and in front of the clavicle, back to the dorsum of the scapula to near the glenoid cavity; but it was impossible to get it into the cavity. In his opinion the difficulty consisted in a thickening of the ligamentous structures of the joint, rendering the fissure of the capsular ligament, through which the head escaped, too small to allow it to re-enter. The patient was 62 years of age.

Congestive Intermittent Fever.

Prof. Clark related an interesting case of congestive intermittent fever. A lady, 60 years of age, living near New Brunswick, N. J., had been ill and complaining for several days, without any definite symptoms. One evening, however, at about 5 o'clock, she was seized with a chill, which lasted fifteen or twenty minutes; she then became drowsy, and sank into a semi-comatose state; toward morning she recovered, and felt better during the day. The next day there was another chill, about the same hour, followed by congestion, insensibility, and automatic movements, which continued until about 5 o'clock the next morning. Prof. Clark saw her on this day at 7 o'clock, A. M. There was moaning and jactitation; she finally became comatose, without the occurrence of another chill, and remained in this condition until the next morning, when she died.

Prof. Clark remarked that the congestive form of intermittent fever was of very rare occurrence in New York and its surroundings. L.

THIRD ANNUAL MEETING OF THE OPHTHALMOLOGICAL SOCIETY AT HEIDELBERG.

Dr. Hasket Derby communicates to the *Boston Medical and Surgical Journal*, a Report of the Third Annual Meeting of the Ophthalmological Society at Heidelberg, held September 4th and 5th, 1865, of which we give a comprehensive abstract.

Professor Arlt, as the oldest member of the Standing Committee, called the meeting to order. About fifty members were present, among whom were three Americans. Professor Horner of Zurich was elected President.

Modified Linear Extraction of Cataract.

Prof. von Graefe made the first communication, taking for his subject the modified linear extraction of cataract. The principle being now conceded that the cataracts of middle and mature age can be removed bodily from the eye, with a greater chance of success than if they are pushed back into its interior, or broken up and left to absorb *in situ*, various attempts have been made to substitute other and yet safer methods to the ordinary flap extraction. At the last meeting Mr. Critchett had proposed an operation which had since been extensively practised, and which was undeniably superior to any scoop operation hitherto devised, inasmuch as a larger opening was made, and a better extracting instrument employed than the scoop of Waldan, then in common use. In order to test the comparative advantages of this method, as compared with the ordinary flap extraction, von Graefe had operated during the past year on 118 cases according to the plan of Critchett.

Of these, 7 lost the eye; 4 retained perception of light; 30 required secondary operations, such as the removal of capsule or iridectomy; 77 gave satisfactory results (vision of at least $\frac{1}{4}$.)

In flap extraction, of 100 cases, in 7 the eye is lost; in 13, secondary operations are required; in 80 the result is good. Indeed, since the use of the compressed bandage even more satisfactory results are obtained, 82 cases in 100 doing well.

Comparing these results, it will be seen that in about the same per centage of cases the eye is lost, while corneal opacities and papillary closures are more common after the operation of Critchett. While, therefore, von Graefe would not accept this as a substitute for the ordinary extraction, he would employ it in cases of Morgagnian cataracts, in unripe cataracts which very slowly advance, and in cases where the chances of the healing of the corneal flap are not good. The great advantage of flap extraction consists in the readiness with which the cortical masses, which remain behind after the exit of the nucleus of the lens, can be removed. The objection to it lies in the large and gaping corneal wound; and he had a method to propose which he thought would render it possible to completely remove the lens through a small wound, thus uniting the advantages of the linear and flap procedures.

The first instrument is a long and very slender

and narrow knife, which is introduced through the sclera $\frac{1}{2}'''$ from a point in the upper and outer periphery of the cornea, carried across the anterior chamber and brought out at a point on the other side. The cut is now completed in the sclera, and a small conjunctival flap is formed. Thus the anterior chamber is opened at its upper edge, no portion of the cut being in the corneal substance proper. A shorter "wound-canal" is secured, and a lower inner edge than if a lance-knife had been used. A portion of the iris is then removed in the ordinary manner. Next, the capsule is lacerated with a sharp hook. If, now, the lens be soft, it can readily be made to escape by pressing at the edge of the wound; if large and hard, however, a blunt hook is passed behind it to assist its egress. This hook is constructed for the purpose, and its use constitutes a distinctive feature of the operation. It is more easily withdrawn than the scoop, and the lens is removed by traction rather than by prying, the latter manœuvre being particularly dangerous.

Von Graefe has only performed this operation in 69 cases, too small a number from which to collect statistical results of any value. None of these were lost. In 5 cases iritis ensued; in the remaining 64 the result was satisfactory vision, being generally $\frac{1}{4}$, and some of the patients being able to read small type. The great advantage of this method over Critchett's consists in the superior certainty of a favorable result and of no complication attending the healing process. However, there is more apt to be a loss of vitreous. As compared with ordinary extraction, there is the disadvantage of an artificial pupil, but as it is made upwards, the least possible derangement of eccentric vision takes place.

In answer to a question, von Graefe remarked that he had never seen the form of cystoid cicatrix occur after this, that sometimes followed operations for glaucoma.

Simultaneous Extraction of Lens and Capsule.

Dr. Pagenstecher read a paper on the simultaneous extraction of lens and capsule. He had been led to devise this operation from the fact that the presence of capsule and lenticular substance after extractions was so fertile a cause of inflammatory complications. His plan was as follows: The patient under the full influence of chloroform; the ordinary cut for extraction is made, with the usual knife, in the sclera, however, instead of in the cornea. A broad iridectomy is next made, downward and outward. If any posterior synechiæ exist, they are detached, after which a scoop is passed through the zonula, (which, if necessary, is torn through with a hook), carried back of the lens, and used to bring this out. If the state of anæsthesia has remained profound, little or no vitreous is commonly lost.

The healing process goes on well. Out of 54 times that the operation has been performed, the cornea suppurated in but two cases. Out of 38 patients who have thus been operated on this year, 30 were able to read Jaeger, No. 5.

Prof. Arlt thought the operation particularly indicated where the cataract was over-ripe, for there the zonula would be found looser. He mentioned, however, serious objections, particularly in cases of large and soft cortical masses surrounding a small nucleus, the whole enclosed in a transparent capsule.

Strabismus.

Dr. Knapp, of Heidelberg, alluded to the difficulty often experienced in operations for strabismus, particularly divergent strabismus, from the slight amount gained after each operation, and the necessity of a frequent repetition. He would avoid this, and secure a greater effect each time by drawing the eye over to the side of the antagonist of the divided muscle by means of a suture passed from the conjunctiva at the edge of the cornea to the commissure of that side. Thus if the case be a strongly marked strabismus divergens, and the rectus externus have been divided, a suture is passed through the conjunctiva on the inner edge of the cornea and the internal commissure, and the eye drawn downward. At the end of the twenty-four hours the suture is removed. In this manner it is possible to gain as much as $3'''$ at a single operation. This method is also perfectly applicable to cases of strabismus with impaired action of the antagonistic muscle, where it is necessary not only to divide the former but to bring forward the latter, and would then form the last step in the operation.

Mechanism of Accommodation.—Nutrition of the Cornea.

M. Girand-Teulon, of Paris, gave a long and interesting discourse on the mechanism of accommodation and the influence on it of the membrana limitans. This elastic membrane, he endeavored by diagrams and microscopical preparations to prove, did not terminate at the periphery of the crystalline, but passed over its anterior face, and was in fact separable from the anterior capsule. Its possible influence on accommodation was elaborately developed.

Dr. Leber, of Paris, gave the results of his investigations on the nutrition of the cornea. He alluded to the views of Recklinghausen on the microscopical anatomy of the same, and deduced from his own investigations that the cornea is penetrated by a system of canals, lined with independent membrane and connected with the lymphatic system.

Impaired Vision from blows on the Eye, with Ophthalmoscopic Symptoms.

Dr. Testelin, of Lille, related five cases of impaired vision from blows on the eye, without corresponding ophthalmoscopic symptoms.

1st.—A severe blow had been received over the eye. Only a limited portion of the retina retained its functions, the remainder having lost perception of light. No external or internal change was visible.

2d.—The same cause. The pupil was dilated and immovable; vision greatly impaired. The interior of the eye appeared normal. Three months later marked atrophy of the papilla was found to exist.

3d.—Immediately after pressure on one eye everything appeared to be seen through a red mist. A month afterwards Jaeger, No. 20, could be made out, only, however, with the inner portion of the field of vision. Later there was less vision. No objective change.

4th.—A stone had been thrown against the eye. The case was seen three months after the accident. The pupil was so far dilated that hardly a trace of the iris was visible. No perception of light. The ophthalmoscope revealed nothing.

5th.—The eye had been struck by a cricket ball. Vision was much impaired; the pupil dilated and sluggish. On ophthalmoscopic examination in the inverted image, a small prominence, like a pea, was seen above and to the inside of the papilla. In a month this projection had disappeared, leaving a simple spot. Vision had very slightly improved.

Von Graefe had seen such cases and admitted them to be very difficult of explanation. He thought, however, that analogous paralysis of the motor nerve might be adduced, that, for example, where the arm becomes temporarily paralyzed from resting the head on it in sleep. Perhaps the sudden shock caused some change either in the molecular system, or in the walls or calibre of the vessels.

Ophthalmia Neonatorum.

Dr. Alfred Graefe alluded to the local use of caustics in cases of ophthalmia neonaotrum. An objection had been made to the use of nitrate of silver on the ground that after this agent had been employed it had been found that corneal infiltrations were more frequent, and that these infiltrations often led to perforating ulcers. Some physicians had even gone so far as to give up this agent, admitting its beneficial influence on the disease, but fearing a disastrous effect on the cornea. He himself, however, had ascertained to his own satisfaction that such corneal complications only arose in those cases where the original touching had been too strong, and where at the end of twenty-four hours, the eschar was not yet detached. He was therefore unable to sympathize with those who were unwilling to use this agent.

Operation for the Removal of Membraniform Obstructions from the Pupil.

Dr. Agnew, of New York, described an original operation for the purpose of removing membraniform obstructions from the pupil. The patient having been first brought under the full influence of ether or chloroform, a Bowman's needle is passed through the cornea about ½ a line from its inner edge, and made to penetrate the membrane. With a cataract or lance-knife a small wound is next made ½‴ from the outer corneal edge, care being taken to evacuate as little as possible of the aqueous humor. Through the last wound a small and sharp hook is now passed into the interior chamber, engagod in the capsule at the point where it has been penetrated by the needle, and made to lacerate it. If the membrane is tough it is wrapped round the hook by rotating its handle, and then withdrawn; if fragile, the pupil is simply opened. This operation is also applicable to cases of closed pupil, where masses of exudation have collected behind the iris, the needle offering a fixed point from which traction can be made with comparative safety.

[This operation created much interest. It was twice successfully performed by Dr. Agnew in the presence of the leading members of the Society.]

Reading Glass for Amblyopic Patients.

Prof. Von Graefe exhibited a reading glass for the use of amblyopic patients. It consists of two convex glasses set in a short cylinder, and unites the double advantage of a large field and slight spherical aberration. Also a binocular "measurer of refraction," resembling an opera glass, and similar to his monocular instrument already in use.

A number of other interesting papers were read and discussed, and the Society adjourned well pleased with its session.

American Pharmaceutical Association.

At the thirteenth annual convention of the American Phamaceutical Association, held in Boston, Sept. 5th, 1865, the following officers were elected and committees appointed for the year 1866:

President—Henry W. Lincoln, of Boston; *First Vice-President*—George C. Close, Brooklyn, N. Y.; *Second Vice-President*—E. W. Sackrider, Cleveland, Ohio; *Third Vice-President*—C. A. Heinitsh, Lancaster, Pa.; *Treasurer*—C. A. Tufts, Dover, N. H.; *Recording Secretary*—J. M. Maisch, Philadelphia; *Corresponding Secretary*—P. W. Bedford, New York; *Executive Committee*—T. S. Wiegand, of Philadelphia; John Butterworth, of Boston; T. W. Sennewald, St. Louis; T. S. Barr, of Terre Haute, Ind.

Committee on Progress of Pharmacy.—Enno Sander, of St. Louis; G. H. C. Markoe, of Boston; Theodore Kalb, of St. Louis; Ferris Bringhurst, of Wilmington, Del.

Committee on the Drug Market.—S. M. Colcord, of Boston; J. J. Thompson, of Baltimore, Md.; W. A. Brewer, of New York; Ezekiel Sargent, of Chicago, Ill.; W. J. M. Gordon, of Cincinnati, Ohio.

Committee on Scientific Queries.—Wm. Procter, Jr., of Philadelphia; E. S. Wayne, of Cincinnati; Edward Parrish, of Philadelphia; R. H. Stabler, of Alexandria, Va.

Business Committee.—E. R. Squibb, of New York; F. Stearns, of Detroit; J. F. Moore, of Baltimore.

School of Pharmacy in Ohio.

The announcement of the School of Pharmacy of Baldwin University, Berea, Ohio, session of 1865–66, has been issued. The faculty consists of John Wheeler, D.D., President and Lecturer on Professional Ethics; P. W. Mosblech, Ph.D., Professor of Botany; Eben J. Cutler, M. D., Professor of Materia Medica and Toxicology; William C. Pierce, A. M., Professor of Chemistry; L. S. M'Culloch, M. D., Professor of Pharmacy and Medical Chemistry.

The session of 1865–66 will commence Tuesday, December 5th, and continue four months.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 11, 1865.

ENLARGEMENT AND INCREASE OF PRICE.

The pressure of literary material on our columns makes it necessary to announce an increase of the size of the Medical and Surgical Reporter. This increase, together with an improved external appearance, will take place from the first of January next; from which time the subscription price will be Five Dollars per annum. The cost of paper and labor seem to be permanently fixed at high rates, and we are compelled to accept the situation, and graduate our subscription rate accordingly. If these expenses lessen, or a liberal support justify it, we shall be enabled to further enlarge the work, or expend more on the literary department, or perhaps do both.

☞ *All advance payments made prior to January 1st, 1866, will be credited at the present rate of $4 per annum.* Payments made *after* that date, will be credited at the rate of $5.

NEW LITERARY ARRANGEMENTS.

As one of the results of the settlement of our national difficulties, and the return to civil life of some of our old collaborators, we are enabled to announce the consummation of an excellent arrangement by which we shall hereafter maintain a close editorial connection with the city of New York. This arrangement will include, besides editorial observations, regular intelligent reports of the proceedings of the New York Academy of Medicine, the Pathological Society, and correspondence on medical matters in and near the metropolis. We are also endeavoring to secure good clinical reports from that city. These, with the clinical reports from this city and Baltimore, and the reports of the meetings of the Philadelphia County Medical Society, in addition to our ordinary arrangements will enhance materially the value and interest of the Reporter. These arrangements are *very costly*, but, we doubt not, the profession will sustain our enterprise with such liberality that we shall be enabled to meet the heavy outlay without embarrassment. Aside from our own labor, our present plans will call for a cash outlay of from thirty to fifty dollars a week on the literary department of the Reporter alone.

OUR LARGE CITIES AND EPIDEMICS.

Our large cities are illy prepared to meet the approach of a severe epidemic. The causes are plain. The great national events during the past four years had absorbed the attention of municipal and State authorities to such an extent as to leave little room for the consideration and adoption of measures calculated to further the sanitary condition of the people. Death appeared in his *glory* amidst the flash of cannon and the shouts of victory and defiance; now he threatens to approach in his garb of *horror* and ghastliness.

The question of loss of life, either by war or epidemic disease, is one of the greatest magnitude to a nation like ours. The annual loss of productive labor alone, in consequence of the war, if we take only those who have been killed in battle or died of disease contracted in the service, including both sides, cannot be less than from two hundred to two hundred and fifty millions of dollars per annum, and probably will reach considerably more. And this *deficit* is doubled or tripled, if we take the loss of labor by the crippled and maimed, and by the disarranged and new relations of the working class of the Southern States.

Our national independence, our existence as a people, depends on the production of our soil, our mines, our industry, our manufactures, as much as upon the principles of our government. When we shall have become independent of the commercial and manufacturing interests of Europe, we will be truly independent. As long as we are depending upon *them* to any large degree, we are forced occasionally to compromise our principles to this material dependence, and to that extent we are not as fully democratic and republican as we should be. It is the main business of enlightened statesmanship in these United States at this time to adopt and carry out such policies as will replace the fearful loss of productive labor which the country has suffered through the war. Wise legislation, encouraging emigration, and putting the laboring population of the South upon a proper basis will accomplish much.

But can we afford, after the terrible loss of life by the war, to have the ranks of our laboring population again *decimated* by epidemics which seem to be approaching our shores, with the steady step of obedience to natural laws, as yet not perfectly understood? Is it not a national duty to guard, as much as lies in human power, against those ravages of epidemic disease which have in times gone by struck our cities with panic, and paralyzed commerce and manufactures?

The duty of wise precaution and of energetic action to place our large cities at once in the best possible sanitary condition, the removal, destruction, or neutralization of all noxious agents in the shape of filth, the abatement of nuisances of every kind, the cleansing of streets, back-ways, yards, cellars, and houses, where it is not done

voluntarily, by public officials, the completing of drainage, and repair of defective sewerage, are all matters that should attract the attention of every intelligent citizen, and that should form the main objects of municipal zeal from this time forward. Thousands of lives and millions of dollars may be saved the nation by proper action.

One of the most unfavorable circumstances, in view of the threatening epidemic of cholera, is the overcrowding of our city populations. During the last four years, very little building has been going on in our larger cities, compared with former years, and the supply is unequal to the natural increase of our populations. The unavoidable result of overcrowded habitations is filth, disease, and a liability, when epidemic influences are abroad, to become the centres of epidemic conflagrations. Hence, our efforts to bring our cities into the best possible sanitary state should be accompanied by attempts to remove from them into the country, into our more thinly-settled Western States and Territories all that superfluous population which barely finds a livelihood in the city, but might be changed to a highly productive laboring population if placed in the proper conditions.

The country is not in such a condition of prosperity that we should not exhaust every means of individual and municipal power in every city and town throughout the United States, to render less fatal the ravages of coming epidemics and to reduce their virulence to a minimum. How much can be achieved by proper measures has been shown by the sanitary condition of cities under military control, which by the simple enforcement of cleanliness and the abatement of nuisances were rendered healthy and exempt from epidemics, while formerly they had enjoyed the reputation of pest-holes.

In this connection, we would suggest the propriety of calling a meeting of the Quarantine and Sanitary Convention, to meet, say in Washington City, at as early a day as practicable. At an informal meeting of members of this convention and others interested, held last year in New York, during the sessions of the American Medical Association, a committee was appointed for this purpose. Is there any one else, under the circumstances, with more authority to act? Why then should not this committee meet, and act promptly?

Pension Examining Surgeons.

The following appointments have recently been made:

Maine.—Dr. Warren Hunter, Cherryfield.
New York.—Drs. Cyrus Powers, Moravia; Elisha H. Rockwood, Newark.
Pennsylvania.—Dr. Geo. O. Mosby, Titusville.
Wisconsin.—Dr. Charles Cowles, Barraboo.
Iowa.—Dr. A. G. Fields, Des Moines.
Kentucky,—Dr. Wm. C. Johnson, Williamstown.

Notes and Comments.

That "Ice-bag" in Cholera.

For two or three years a certain Dr. John Chapman, of London, has been fiercely riding his hobby in the shape of a spinal ice-bag. This contrivance he first recommended in the treatment of paralysis and epilepsy, and every week adds to the number and form of diseases which yield to its curative influence. All this has had the effect of getting Dr. Chapman into the newspapers. Of course, therefore, as cholera approached, it was found, and duly chronicled, that the inevitable ice-bag was just the thing in cholera. He states the points of his theory as follows:

"That the nausea, vomiting, copious discharge of the well-known 'rice-water' stools, cold sweat and peculiar odor from the body, are due to the combined action of the hyperæmic spinal cord and sympathetic nervous centres, in the same manner as they induce phenomena of the like kind, though less in degree, in cases of summer diarrhœa, and of sea-sickness when it is accompanied with diarrhœa.

That the cholera is neither contagious nor infectious in any case whatsoever, excepting through the depressing influence of fear.

That the cholera may be completely averted, and, when developed, cured by modifying the temperature of the spinal region."

After detailing the symptoms of two cases of cholera which fell under his observation, Dr. Chapman offers the following suggestions for the use of the ice-bag:

"1. The cold must be applied along only a narrow strip—not more than four inches broad in the adult—down the very centre of the back.

2. The cold must be dry, not wet, cold.

3. The ice-bag should be continued along the whole spine only until the cramps and algide symptoms have been subdued.

The ice-bag should continue to be applied to the lower half of the spine until vomiting and purging cease.

5. The patient should be assiduously watched, to guard, in the stage of reaction, against cerebral or pulmonary congestion, the development of which will be facilitated by continuing the ice too long in the cervical and dorsal regions.

6. If such congestions should occur, they will be denoted by heaviness, incoherency, wandering, and by laborious breathing, and may be subdued by applying the double-columned water-bag, at a temperature of 120 degrees, along the lower part of the neck and between the scapulæ.

7. If it be necessary to induce sleep, this may be done by the same bag applied in the same way."

Correspondence.

DOMESTIC.

New York Correspondence.

Editor Medical and Surgical Reporter:

The winter compaign of our medical schools, hospitals and medical societies, is now fairly under way, and promises to be a very active one, or as the phrase is, "sharp and decisive."

The Schools.

The classes in the various colleges are, as far as we have been able to determine, larger than last year, and their respective faculties are making every effort to render instruction thorough and practical.

Cholera and the Health Commissioners.

A few days ago the Commissioners of Health of this city held a meeting, in which the subject of cholera was discussed. The Commission is composed of the Mayor, the City Inspector, the Resident Physician Dr. Sayre, Quarantine Physician and Health Officer of the Port Dr. Swinburne, and his able Assistant Dr. Walser, the Commissioner of Health, and the Presidents respectively of the boards of Aldermen and Councilmen; Mayors Cleveland, of Jersey City, and Wood, of Brooklyn, were also present.

Mayor Gunther presided. He stated that it had been considered prudent to call the health commissioners together in order to take whatever preventive measures might be deemed necessary.

Dr. Swinburne, health officer of the port, stated that he had been requested and urged by the Governor to take immediate measures to prevent the introduction of the epidemic. The Secretary of State had also communicated with him to the same purpose. He believed one mode by which cholera is disseminated is by the diseased secretions of patients, and he thought some place should be selected for the detention of all passengers in whom there was the slightest suspicion of disease. He thought the general government would do all in its power to protect the coast. He anticipated that even if the contagion should get here, but few cases of its development might be expected during the winter. He thought it would be very unsafe to have infected vessels anchor in the North or East rivers, or at Staten Island or Coney Island. Provision had been made to guard against yellow fever and small-pox, but something additional was necessary in the precautions against the introduction of the cholera or Russian plague.

Mayor Gunther suggested that the health officers and quarantine commissioners should agree upon a plan which the commissioners might proceed to put into execution.

City Inspector Boole was in favor of convening the Board of Health at once. He urged that it had full powers to take the necessary action. It could regulate the sanitary affairs of the city, and it was only necessary for the commissioners to make quarantine regulations.

Dr. Jones, of Brooklyn, thought the detention of ships and passengers a secondary consideration. The sanitary condition of the cities should be looked after.

Dr. Sayre said that it was an object of the meeting to have all the surrounding cities represented in this meeting for advice and counsel. New Jersey, and every other state in the Union, in fact, was vitally interested in the prevention of this epidemic. His point was, that the sanitary condition of the city should be better than ever; in fact, in a perfect sanitary condition all the time, for preventing the creation of any epidemic; but he believed that the cholera cannot be generated here unless the contagion is imported from abroad. Importing it when the city is in a bad sanitary condition, and thus favorable for the propagation of disease, would cause it to spread with great rapidity. Therefore we must not only keep the city in the best sanitary condition possible, but use unusual vigilance to prevent its importation.

In substantiation of his views he read extracts from the Report of Dr. Müllig, of the epidemic in Constantinople, (published in extenso in a recent number of the Reporter.)

Dr. Sayre further remarked that great fear and anxiety had a great deal to do in the propagation and spread of the disease, and influenced the physical condition to such a degree as to make persons more subject to it than they would otherwise be. He thought if the people understood the single fact that the cholera is not necessarily a fatal disease, and that it always is preceded by certain premonitory symptoms, such as lassitude, great languor, debility, and a diarrhœa, and that in this stage of the disease it is nearly always curable, if the proper precautionary measures are taken, it would tend to allay the popular terror. At this stage of the disease, it is of the first importance to pay attention to the first symptom, which is the diarrhœa. At the very first approach, the patient should assume the horizontal posture and retain it, with the hips higher than the shoulders, and under no circumstances assume the perpendicular, even for a moment. Absolute, positive rest is needed; the body being kept in a warm condition. Any artificial means can be used for that which may be necessary. The main thing is the horizontal position, and perfect rest at the very commencement of the disease. If the patient is down stairs when taken, let him stay there, or be carried up; but do not let him walk up. If he is out visiting, let him stay at his friend's house. Keeping this position for forty-

eight hours, in the majority of instances, the disease will pass over, and the patient on recovery need make no very great changes in his mode of life. Of course, if he has bad habits, he should reform them; eat and drink rationally, and attend to business as usual, but not overdo himself. In the peculiar condition of the atmosphere when a pestilence is abroad, the system is rendered more liable to exhaustion, and he should husband his strength by avoiding violent exercise. With these few precautionary measures, and a proper sanitary condition of the city, and a rigid enforcement of quarantine, we may hope to escape any pestilential epidemic.

The following resolution was adopted:

Resolved, That Hon. Orestes Cleveland, Mayor of Jersey City; Dr. Jones, Health Officer of Brooklyn; Dr. Swinburne, the Health Officer of the Port of New York, and Dr. Sayre, the Resident Physician of New York, be appointed a committee to draft an application to the general Government to obtain a suitable site for the detention of cholera patients and passengers from vessels infected with cholera arriving at this port.

There is no question that the condition of this city as regards cleanliness, demands the most energetic measures to ensure exemption from the ravages of cholera, or any other epidemic which should reach our shores, and we can but hope that the exertions of the Health Commissioners, and especially of its medical members, will be crowned with success. L.

New York, Nov. 8th, 1865.

News and Miscellany.

Progress of the Cholera.

We continue to give further details of the progress of cholera, as they reach us through European papers and other sources.

France. According to the *Temps* of the 16th ult., there were on Thursday 210 deaths, on Friday 180, on Saturday 212, on Sunday 200. The *Union Médicale*, of the 14th ult., states that there had been a decrease in the cases of death in the Paris Hospitals, which is ascribed to the circumstance that since the presence of cholera in Paris had become known, patients were sent earlier to hospitals, which increased their chances of recovery.

The United States Consul at La Rochelle, furnishes the Department of State with the following information in regard to the progress of the cholera within that consular district, under date of September 30, 1865.

"The cholera seems to follow the railroad from Marseilles via Ailes and Nismes, toward Bordeaux. The policy of the French press appears to be secretive, in order to allay the fears and apprehensions of the people. One case has appeared here—that of a child taken ill at 3 P. M., deceased and buried the same evening.

"In 1832, the cholera did not, by any means, overlook La Rochelle, and in the Ile de Re, lying opposite the port, one-sixth of the entire population was swept away."

The Paris Academy of Science, in a recent discussion on the subject, has reached the following conclusions:

1. That Asiatic cholera is in all well authenticated cases preceded by premonitory symptoms. 2. That these symptoms may be removed with the greatest ease, and with the certainty that, once removed, the dangerous period need not be feared. 3. That a wholesome strengthening diet, and the commonest attention to the state of the general health of the individual, will prevent the occurrence of any alarming symptoms; and 4. That ignorance and imprudence, habitual neglect of cleanliness, and unhealthy dwellings, are the only causes of fatal cases; that, in short, cholera is a disease much less to be dreaded than typhus fever and other epidemics, by which we are often unconsciously surrounded.

The Academy recommended treatment and attention in the early stages of the disease, and showed that out of 130,000 visitations in England, 6000 persons narrowly escaped real cholera, while only 250 actually had the disease. In other words, the system of visitation prevented 5750 cases of cholera.

Spain. The news from Madrid is very discouraging. On the 12th of October the number of deaths from cholera reached 175; whole number of cases attacked on that day 540. The inhabitants are perfectly panic stricken and leaving the city by thousands. The crowds at the railroad depots were so large that troops had to be stationed to preserve order. People rush into the cars without tickets, for fear of being left behind.

Portugal. The epidemic has made its appearance in the city of Eloas, near the Spanish frontier, about ten miles from Bajados.

England. Numerous deaths from Asiatic cholera are reported at Epping, near London.

Malta. Here the epidemic was still prevailing, limited, however, to the poorest villages and lowest class. The panic has subsided, and people are returning home.

At Alexandria, the disease has nearly disappeared; in Cairo, it is, however, still spreading.

Medical Prizes.

The French Academy of Sciences has offered for the current and following years, among others, the following prizes:

Comparative Anatomy of the Nervous System of Fishes—3000 francs. 1st November next.

On the Production of Hybrid Animals by means of Artificial Fecundation—3000 francs. 31st December, 1865.

On the Application of Electricity to Therapeutics—5000 francs. 1st June, 1866.

On the Preservation of Limbs by Preserving the Periosteum—20,000 francs, one-half of which by the Emperor. 1st June, 1866.

The Bréant prize for a Sure Remedy against Cholera—100,000 francs, or for the Cure of Cutaneous Diseases—5000 francs. 1st June, 1866.

Army and Navy News.

ARMY.

Surgeons and Assistant Surgeons Mustered Out.—Orders have been issued for the immediate discharge of the following surgeons and assistant surgeons of the volunteer force:

Surgeons.—S. W. Gross, Morse K. Taylor, J. C. Irwin, Jabez Perkins, John P. G. Baxter, T. F. Azpell, J. Theodore Heard, Thomas W. Fry. Norman S. Barnes, Charles W Sevasey, George S. Kemble, J. H. Grove, A. N. Dougherty.

Assistant Surgeons—M. K. Moxley, Nelson E. Drake, William N. Duncan, J. W. McDermott, John Miles J. T. Barnes, Charles A. McCall, W. F. Cormick, P. S. Conner, W. F. Norris, R. M. Lackey.

Reduction of the Medical Service.—The following important order, reducing the medical service, has been issued. The effect of this order is to place the medical staff of the army on the same footing, as regards rank and numbers, as before the war.

War Department,
Adjutant-General's Office,
Washington, Oct. 31, 1865.

(Extract.)

Special Orders, No. 56.—On account of the reduction in the number of patients in the United States general hospitals, the offices of Assistant Surgeon-General, Medical Inspector-General and of Medical Inspectors, are, on the recommendation of the Surgeon-General, discontinued from this date, and the following officers are hereby honorably mustered out of the service of the United States; Robert C. Wood, Assistant Surgeon-General, with the rank of Colonel; Madison Mills, Inspector-General, with the rank of Colonel; John M. Cuyler, Medical Inspector, with the rank of Lieutenant-Colonel; Richard H. Coolidge, Medical Inspector, with the rank of Lieutenant-Colonel; Charles C. Keeney, Medical Inspector, with the rank of Lieutenant-Colonel; Edward P. Vollum, Medical Inspector, with the rank of Lieutenant-Colonel; John E. Summers, Medical Inspector, with the rank of Lieutenant-Colonel.

XIV. The following named medical officers, U. S. A., will, on receipt of this order, report by letter to the Surgeon-General for assignment to duty: Surgeons Robt. C. Wood, John M. Cuyler, Madison Mills, Richard H Coolidge, Charles C. Keeney, John E. Summers, Edward P. Vollum.

XV. Under the provisions of General Orders, No. 79, May 1, 1865, from this office, the services of the following named Medical Inspectors, with the rank of Lieutenant Colonel, being no longer needed, they are hereby honorably mustered out of the service of the United States. They will receive no final payments until they have satisfied the Pay Department that they are not indebted to the United States: George H. Lyman, George T. Allen, Lewis Humphreys, Peter Pineo, Augustus C. Hamlin, N. S. Townsend, George W. Stipp, John Wilson, John L. Le Conte, E. D. Kittoe.

By order of the Secretary of War.

E. D. Townsend, Assistant Adjutant-General.

MARRIED.

Borham—Duggan.—At Quincy, Mass., Oct. 19, by Rev. J. D. Wells, Mr. Robert H. Borham and Miss Ennice Angelina Duggan, daughter of Dr. William B Duggan.

Buckhout—Hoffman.—In Sing Sing, N. Y., Nov. 1, by the Rev Minot M. Wells, Alfred Buckhout, Esq. and Cornelia A., daughter of Adrian K. Hoffman, M D.

Colton—Gray.—At Brooklyn, N. Y., Oct. 25, by the Rev. Dr. R. Storrs, Jr., and the Rev. Dr. Blagden, of Boston, Dr. F. H. Colton and Miss Alice, daughter of the late Prof. Alonzo Gray, both of Brooklyn.

Corbus—Winans.—By Rev. B. C. Critchlow, Sept, 7th, John Corbus and Miss Elsey, daughter of Dr. Isaac Winans, all of New Brighton, Pa.

King—Morelle.—At St. Paul's church, Glen Cove, L. I., Oct. 31, by the Rev. Thomas F. Mallaby, J. Otis King, of New York, and Ella, adopted daughter of Dr. M. Morelle, of Glen Cove.

Love—Stone.—Sept. 28th, by Rev. Alexander S. Marshall, assisted by Rev. James S. Fullerton, John S. Love, M. D., and Miss Alice C. Stone, both of Springville, Iowa.

Place—Livor.—At the Madison Square church, New York, Nov. 2, by the Rev. Henry Ward Beecher, Mr. George Place and Miss Iphigenia Z. Livor, daughter of Dr. Livor, of that city.

Reed—Sartwell.—At Iron Hill, Jackson co., Iowa, Oct. 17th, by Rev. H. W. Houghton, W. Lynn Reed, M. D., and Miss Mollie, daughter of A. Sartwell, Esq., of that place.

Small—Baum.—On the 1st inst, by the Rev. W. M. Baum, of York, Pa., W. B. Small, M. D., and Miss Mary A. Baum, of this city.

Smith—Murphy.—Oct. 31st, at the residence of the bride's father, by the Rev. J. Y. Cowhick, Dr. William F. Smith, late Surgeon 73d Pa. Vols., and Miss Hannah Murphy, all of Chanceford, Pa.

DIED.

Bell.—On the 16th of September last, in Butler, Pa., of dysentery, Rebecca Jane, eldest daughter of Dr. James H. and Mrs. Mary Bell. aged 11 years and 8 days.

Hopkins.—At Felton, Delaware, on the 31st ult., Sallie S., wife of Dr. B. C. Hopkins, and daughter of the late Prof. Thomas E. Sudler, of Wilmington, in the 30th year of her age.

McKinney.—On the 27th of October, in the 38th year of her age, Susan, wife of Isaac McKinney, M. D., of Jersey Shore, Pa., and daughter of the late John Tomlinson, of Philadelphia.

Parke.—In Radnor, Pa., on Sunday morning, Oct. 29th, Dr. J. Siter Parke, aged 37 years.

ANSWERS TO CORRESPONDENTS.

Dr. J L. D., Conneautville, Pa.—Llallemand's Porte Caustique, sent by Mail, Oct. 30th.

Dr. G. C., Charleston, S. C.—Caustic Holder, sent by Mail, Oct. 30th.

Dr. A. H. S., Eaton, Ohio.—Ear Instrument, sent by Mail, Oct. 28th.

Dr. G. S. B., Hartford, Conn.—Carpenter's Lectures, sent by Mail, Nov. 1st.

Dr. L. C. B., Essex, Vt.—Books and Drugs sent per W. Ellis & Co, druggists, Oct. 30th.

Dr. B. F. B., Coventry, Conn—The price of Reporter and Physicians' Hand Book of Practice" is $5.25.

METEOROLOGY.

October	30,	31,	N. 1,	2,	3,	4,	5.
Wind	S E.	N. E.	S. W.	S W.	E.	S. E.	N. W.
Weather	Clear.	Cl'dy, Rain.	Clear.	Cl'dy, Rain.	Cl'dy, Rain	Cl'dy, Rain.	Cl'dy. h.wind s. hail, squ'ly.
Depth Rain		5-10		1-10		1 in.	
Thermometer.							
Minimum	31°	38°	34°	35°	40°	40°	36°
At 8 A. M	49	43	42	41	52	53	46
At 12 M	52	48	55	54	53	55	50
At 3 P. M	53	47	55	54	53	55	51
Mean	46.25	44.	46 50	46.	49.50	50.75	45 75
Barometer.							
At 12 M	30.5	30 4	30.4	30.2	30 1	29.9	29.7

Germantown, Pa. B. J. Leedom.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.

Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.

" VI. Nos. 18, 19, Aug. 3, 10, '61.

" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.

" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.

" IX Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.

" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.

" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64 Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers*, of No. 414, Feb. 4, 1865.

OCT 20 1865

THE

MEDICAL AND SURGICAL REPORTER.

No. 455.] PHILADELPHIA, NOVEMBER 18, 1865. [Vol. XIII.—No. 21.

Original Department.

Communications.

COMPOUND COMMINUTED DEPRESSED FRACTURE OF THE SKULL; TREPHINING; CEREBRAL ABSCESS; GENERAL PARALYSIS; RECOVERY.

By W. F. Peck, M. D.,

Of Davenport, Iowa.

William M., æt. 40, native of Ireland, intemperate, and by occupation tailor and violinist. Up to the time of the reception of his present injury, he had enjoyed pretty fair health, with the exception of having had constitutional syphilis and repeated attacks of gonorrhœa.

On the afternoon of July 11th, he was in a state of inebriation, and on returning home, about 1¼ miles from the city, in company with three intoxicated associates, he entered a lager beer saloon and called for beer, which he received, but upon being requested to settle for the drinks, he refused, whereupon the saloon-keeper seized an ordinary hoe, and with considerable force inflicted a severe blow on his head, which produced a laceration of the scalp for a little more than three inches in length, antero-posterior, and accompanying which there was also produced a compound comminuted depressed fracture of the left parietal bone, just in front of the prominence, about two inches long, by one and a half inches in width, corresponding in shape to the convexity of the hoe-neck. The depression was not less than an inch.

The accident occurred at 6.30 P. M., and at 7 o'clock the same evening I saw the patient, who was then under the influence of liquor, suffering from profuse hemorrhage, and raving about in a wild and furious manner.

Pulse and respirations apparently normal, and pupils regular. The bleeding was arrested with ice, the wound dressed with simple dressing, and the patient placed under the influence of an opiate, with directions to be kept as quiet as possible until the following morning.

July 12th. 10 A. M. Patient sleepless and almost unmanageable during the night. Less restive, and comparatively quiet and rational this morning. Pulse 90, and full; respirations 20; pupils normal, and no cephalic symptoms, except a marked tremulous condition of the right arm and leg, with almost unyielding contractions of the flexor tendons.

At 11 A. M., the patient was brought under the influence of sulphuric ether, when the rigid condition of the contractors subsided, and with the kind and faithful assistance of Drs. Hosford and Saunders, and my student, W. D. Middleton, I proceeded to operate by enlarging the original scalp wound in a + form, the incisions being five inches in length each way.

Upon turning back the scalp flaps, the osseous wound before described was well exposed, and with Galt's trephine I succeeded in removing a circular piece of bone, which enabled me to place an elevator under the depressed fragments, and thereby I removed about two square inches of comminuted bone. Immediately under the disc was found a clot, well formed, about the dimensions of an ordinary-sized pigeon's egg, which I succeeded in removing. The effusion was external to the dura-mater, though the membrane was lacerated by the spiculæ of bone. The small pieces having been disposed of, I removed the spiculæ of the undetached bone with Wade and Ford's improved bone forceps. More of the inner than the outer table was necessarily taken away. The hemorrhage from the diploeal vessels was quite troublesome, but was finally controlled by small wooden plugs.

The wound was dressed with simple dressing, and absolute rest in a horizontal position enjoined. Pil. sulph. morph., gr. ⅛, every four hours.

7 P. M. Patient rested moderately well during the day. Wound considerably swollen and painful. Pupils small and regular; pulse 94, and feeble; respirations full and 22 to the minute; right arm tremulous, with very firm contraction of the flexors; other extremities normal; bowels unmoved. Pills continued.

July 13th. 11 A. M. Rested very well during the night. Considerable headache. Pupils small and irregular—right smaller than left. Tremulousness and flexor contractions much the same as

yesterday. Rests on right side. Administered pil. cath. comp., no. iij. Local applications unchanged.

7 P. M. Apparently doing well. Bowels unmoved. Calomel, grs. xv., jalap, grs. x., given. Nourishment beef tea and bland drinks.

July 14th. 10½ A. M. Rested very well during the night. Pulse 92, and full; respirations when asleep, 18; surface moist. Pupils *regular*, though moderately under the influence of the morphia. Bowels remain unmoved. Spasmodic action of arm less frequent. Tongue moderately coated. Wound beginning to suppurate and looking very well. Ordered ol. ricini, f.℥j. Local dressing continued.

July 15th. 10 A. M. Slept very little during the night. Considerable pain in the head, frequent though slight movements of the right arm and leg. Tongue coated and protruded in a tremulous manner. Pupils *irregular*—right dilated. Bowels moved freely in the night. Pulse 104, and small. Respiration 25, and inspirations quite deep. Wound suppurating very freely. The contused tissues are considerably swollen. The pulsations of the brain seem to be quite forcible. Applied warmth to extremities and administered sulph. morph., gr. ¼, every four hours. Beef tea.

July 16th. 12, M. Rested very poorly. Pulse 110, and irritable; respirations 28; pupils unchanged; arm and leg seem paralyzed. Talks with considerable indistinctness, the tongue being partially paralyzed. Not wholly conscious of surrounding circumstances. Wound suppurating very freely. Syringed out the wound with aquæ, Oj., liq. sodæ chlorinat., f.℥j., twice a day. Local dressing, water as hot as the sensibilities will permit. Gave tr. hyos., f.℥j., every three hours.

17th. Rested tolerably well last night. Right arm and leg almost completely paralyzed. Left arm and leg somewhat tremulous. Pulse 120, and full; respirations 24; tongue furred; bowels unmoved since operation of last cathartic. Surface dry, though not hot. Wound continuing to discharge freely. Treatment unchanged.

18th. Much the same as yesterday.

19th. Rested badly last night. Considerable heat of surface. Unable to articulate so as to be understood by those who are not constantly with him. Right arm and leg in a state of constant tremor; pulse 120; respirations 26; pupils still irregular; bowels unmoved; tongue heavily coated with a darkish covering. The meninges at the seat of injury protrude more than usual, and respond very forcibly to the cerebral pulsations. The amount of suppuration from the contused and lacerated tissues is considerable. There is a moderate amount of necrosis of the upper table, caused by detachment of the periosteum at the time of the operation. Warm applications continued.

20th. 11 A. M. Was called at 10 o'clock last night in great haste, the messenger declaring that the patient was dying. Upon my arrival, I found the whole muscular system tetanically convulsed, and no subsidence of the convulsions. Patient unconscious; pulse, as near as could be be approximated, 160; respirations 38; surface warm; wound looking the same as at last record. Immediately sent for ether sulph., and in three-quarters of an hour after my arrival, I had the patient under its influence and controlled the convulsions thoroughly. Whenever the anæsthetic was removed, there would be indications of a return of the involuntary muscular movements.

The ether was given most of the time until morning, when it was temporarily suspended. Upon making a thorough examination of the wound and the prominent membranes, and carefully analyzing the rational symptoms, I became satisfied that a collection of matter was the cause of the spasmodic trouble. Acting under this impression, I made use of a sharp-pointed bistoury, and incised the brain-tissue to the depth of one and a half inches, when not less than from an ounce to an ounce and a half of pus immediately followed the withdrawal of the instrument. The protruding membranes and prominent brain substance subsided very little. The wound was dressed with water moderately hot, and the ether removed. A cathartic of castor oil was given, and in one hour the patient received forty drops of McMunn's elixir of opium, which is to be repeated every three hours. Beef-tea and cream separately given in moderate quantities.

8 P. M. Patient has rested quite well during the day. The convulsions have not recurred, and he is semi-conscious. The limbs are apparently paralyzed. Pupils still unchanged; wound discharging freely; pulse 130, and of fair force; respirations 30. Gave whiskey, f.℥j., every four hours. Continued McMunn's elixir, gtt. xxx., every four hours.

21st. 10 A. M. Patient slept about four hours during the night. Is sufficiently recovered from his unconscious condition to appreciate what is said in his presence, when spoken to in a loud and sharp manner. Has some power over right arm and leg. Left side quite paralyzed. No control of tongue or vocal organs. Evacuations involuntary. Wound discharging freely. Treatment unchanged.

22d. 12, M. No special change since last record.

23d. 10 A. M. Had a very comfortable night. Is conscious, and makes an effort to articulate, but is unable to accomplish the act. Pulse 121, and rather full. Respirations 24, and regular. The right side less paralyzed than yesterday, though the loss of power is pretty general. No change in pupils, both respond to light. Wound discharging very freely. Syringed out the cerebral abscess with liq. sodæ chlorinat., f.ʒj., aquæ, Oj.

24th. 11½ A. M. General condition much improved. Makes his wants known with considerable indistinctness. Has more power of the right side than yesterday, also some control over left arm and leg. Pulse 114; respirations 23, surface moist. Had a voluntary evacuation this morning. Wound discharging freely. Treatment same as yesterday.

26th. Condition has continued to improve since last record. Talks moderately well, though he has very imperfect control over the vocal organs. Pupils less irregular, and almost of the same size at times. Pulse 110. Respirations 23. Uses the right arm and leg with a fair amount of freedom. Has some control over left side. Wound looking well. Whiskey, f ʒj., every six hours. Suspended all medicine except the Labarraque's solution externally.

28th. Rests quite well. Complains of some pain in the head. Talks with more clearness than at any time since the operation. Pulse 92. Respirations 20. Pupils more irregular than at last date. Seems to have almost perfect control over right side, and much more motion in the opposite than at last record. Experiences no difficulty in speaking. Bowels moved this morning at will. Take a necessary amount of beef tea and scalded milk, with either bread or crackers. Whiskey suspended.

31st. His condition seems to be gradually improving from day to day.

Aug. 3d. The general paralysis is disappearing quite rapidly. Pulse 86, and full. Respirations natural. Functions of the body tolerably well performed. Wound discharging less profusely than at last date. There is considerable necrosis of outer table. Pupils sustain about the same relation as when last observed.

Aug. 7. Has continued to improve very well. Has a good deal of power over left side, the right being almost perfect as regards voluntary motion. Pulse and respirations about natural. Pupils nearly normal. Has a very fair appetite, though does not eat much solid food.

12th. Removed with thumb-forceps several small fragments of necrosed bone. The discharge from the wound is quite moderate. There is apparently no disparity in the size of the pupils. The paralysis is almost wholly gone. except on the right side, where there is a moderate amount, which is mostly located in the arm. Stopped using the liq. sodæ chlorinat., and substitued bals. Peru, with which the wound is freely coated, night and morning, after the parts are thoroughly cleansed with warm water.

17th. No particular change, except that the wound continues to improve in appearance.

25th. The paralysis of the right arm is not much better than when note was made of it on the 12th inst. There is not very much discharge from the wound. The granulations are abundant, and the parts seem to be healing very fast. Balsam continued.

Sept 4th. The patient sits up several hours during the day. The paralysis of the left side of the body is completely gone. There is a moderate amount of it, however, in the right arm. The pupils are equal in size, and respond to sudden light. The wound is closing on all sides. The remaining pieces of necrosed bone were removed this morning. The discharge is very moderate, sufficient only to saturate a small piece of oiled oakum which is kept over the part.

13th. Walks about and sits up most of the time. The wound is nearly closed. He has considerable more power over the flexors of the right arm. Removed the oakum, and substituted a piece of old muslin saturated in warm water.

24th. The wound is entirely healed over, except a place about the size of a five-cent coin. The paralysis in right arm remains about the same.

30th. The wound is perfectly healed, and all that he suffers from is a want of *perfect* use of the right arm. He can use it however quite well, and sufficient for most purposes. Returned to his home in Buffalo, N. Y.

The cases on record are few where the amount of injury to the cerebral substance has been so great as that in the above case, and where uninterrupted recovery, almost complete, followed the operation of trephining alone.

In this case, a bistoury divided the brain-tissue for the depth of one and a half inches and released imprisoned pus, which sooner or later must have destroyed enough of the "systemic battery" to have rendered death absolutely certain.

In the summer of 1863, while on duty as House Surgeon in Bellevue Hospital, I carefully watched

the progress of a case in the service of Dr. Stephen Smith, in which the loss of cranium was much more extensive. The whole of the right parietal bone was necrosed and sloughed away.

There was not, however, in Dr. Smith's case marked injury to the tissue of the brain.

SULPHATE of IRON IN HERPES ZOSTER, OR SHINGLES.

By F. L. Keyes, M. D.,

Of Jerseyville, Canada West.

When I first entered the profession, this disease was treated as one variety of erysipelas; and was put in Dr. Cullen's nosological arrangement in Class 1st. Pyrexiæ; Order III, Exanthemata; Species 2d, Erysipelas phlyctenoides: the shingles, or erysipelas with phlyctænæ, or small blisters. However, this disease is still considered to be an inflammatory affection, (by subsequent writers,) principally of the skin, more liable to attack individuals of an irritable habit than those of a plethoric and robust constitution.

Drs. Willan and Bateman limit herpes to a vesicular eruption, which, in most of its forms, passes through a regular course of increase, maturation, and decline, terminating in about ten, twelve or fourteen days. This regularity in its natural course, is perhaps the only reason they could assign for removing it out of Dr. Cullen's nosology, and classing it with eruptive diseases. I am inclined to think that if it had been left to occupy its former position that it would probably have been quite as well, as the treatment to which it will most readily yield is quite analogous to that of erysipelas; and the other concomitant symptoms, by which they are attended, would not materially interfere with such a conclusion.

Wilson gives rather a graphic description of herpes zoster: he says: "Nothing can be conceived more dreadful than the pangs accompanying herpes sometimes become. A gentleman whom I once asked to give me an idea in words of the nature of his suffering, replied: You must fancy the marrow taken out of the bones of my arm, and a rough towel threaded through them; you must then imagine two devils at work, sawing it backward and forward; that is what it is like." I saw no treatment adequate to the exigency of such a case; therefore I came to the conclusion that I would give the case, which I am about to relate, the advantage of the treatment recently adopted in erysipelas, although the disease was not of so severe a character as the one above cited.

J. S., a laborer, came to me on the 3d of October, 1865; married; aged 28; of spare habit; had cough, raised considerable viscid mucus, mixed with matter, which he spat night and morning; no hectic fever, or night sweat; no anemia; was able to perform manual labor previous to his present illness. He stated that he had been thus afflicted for the last five years. But this was not the cause of his call on me. He said he had a burning pain on the upper part of his thigh; thought it was erysipelas; upon examination found a large inflamed patch on the anterior and upper part of the left thigh, with other smaller patches on the inner and outer sides of the same, interspersed with a number of vesicles filled with transparent lymph, of nearly the size of a split pea. Constitutional symptoms slight, consisting of feverishness, quickened pulse, tongue whitish, appetite not as good as common. In this case I had two diseases,—phthisis and herpes zoster. The latter must be cured without disadvantage to the former, if possible. If the herpetic disease should not yield readily to remedial treatment and prove to be serious, the latent phthisis would assume an aggravated form, perhaps go on to a fatal termination from weakness, which might be produced by the latter.

To combat this I prescribed an emetic to clear the first passages, and to excite the secretions to a more healthy action. This he was to take in the evening; on the following morning a saline aperient, to be followed with twenty-five drops of tinct. ferri chlor. every four hours; external application, ℞. zinc. sulph., ʒiss., aquæ, Oiij. M. ft. solutio; to be constantly applied to the affected part, by strips of cotton or linen saturated with it; when used up to let me know.

5th. Sent in the afternoon to say that he was no better; pain considerably worse.

℞. Pulv. ipecac. et opii, gr. iij., hyd. chlor. mit., gr. ij., morph. sulph., gr. ½. M. ft. pulvis, to be taken in the evening; saline aperient in the morning. ℞. Ferri sulph., ʒij., aquæ, Oiij. M. ft. solutio; to be applied the same as the previous lotion.

6th. Visited my patient in the afternoon. On entering his room he was cheerful; said he was well; examined the part affected; found the disease had extended in patches upward, and backward, on the left nate near to the sacrum; but to my surprise, all the vesicles were completely shrivelled; the redness had also disappeared; lotion to be continued, also the tincture, and if necessary, to take an anodyne powder on the 7th, at night, followed with an aperient in the morning.

He stated that after he had used up the first lotion, the pain became much worse, and in-

creased until almost insupportable; soon after he commenced using the second, the lymph and redness began to disappear, and the pain to abate. Ordered broth for a day or two, then a more generous diet. His appetite was good, but not craving. Phthisis in statu quo.

EBERLE says that he "found the application of a solution of lunar caustic, in the proportion of six or eight grains to an ounce of water, when employed soon after the vesicles appear, to arrest the progress of the eruption, and cause desquamation in the course of three or four days at furthest, and sometimes much earlier." M. VALPEAU confirms his statement,—"always without unfavorable consequences."

I think that the sulphate of iron deserves much praise; it fulfilled the indication in the above case, quite as well as lunar caustic could have done, if not better; besides, it is much more economical, a desideratum, especially where the fee would be *non est.*

Hospital Reports.

PHILADELPHIA HOSPITAL, *November*, 1865.

MEDICAL CLINIC OF DR. J. L. LUDLOW.

Reported by A. M. Shew, M. D., Resident Physician.

Dropsy.

James McC., æt. 38, has been suffering from intermittent fever since last spring. Four weeks ago, while at his work as hod-carrier, he caught cold; the day following his abdomen and scrotum began to swell, and four days thereafter his legs exhibited marked anasarca, which continued to increase up to the time of his admission.

On a former occasion, you will remember, I had a patient before you enormously distended by serous effusion into the peretoneum, constituting that form of dropsy usually called ascites.

To-day I present another patient in which there is not only ascites, but also anasarca of the lower extremities and edema of the scrotum.

Upon examination we find his scrotum enlarged to a circumference of eighteen inches. His urine is natural in quantity and quality; contains no albumen; thus far there has been no irritation of the bowels, and his appetite is good; he complains of no pain over the liver; affirms that he is a temperate man; by auscultation we find a little thickening of the valves of the heart, but not enough to cause any derangement of the functions. Now what is the cause of this dropsy? From all the circumstances of the case we are led to believe that there is a general anemic condition of the system—a poverty of the blood.

The first indication in the treatment is to get rid of the fluid, and then build up the system. We shall place this patient upon the use of bitartrate of potassa in an infusion of juniper berries, and at the same time a full dose of Rochelle salts. To nourish the system we shall make use of some preparations of iron and quinine, with good rich food. Should any enlargement of the liver or spleen supervene, the surface will be painted with tr. iodine.

Syphilitic Laryngitis.

John O'B., æt. 25, was admitted to this hospital sixteen months ago with primary syphilis and gonorrhœa. Both affections yielded speedily to treatment, and he was soon discharged. About eight months ago he discovered some soreness of the throat, which has steadily advanced until now he can hardly speak or swallow. He was readmitted to hospital five days ago.

On our last clinic day I had before you a patient suffering from chronic laryngitis caused by neglected pharyngitis. In this patient we have exhibited laryngeal trouble of a much more serious character, and produced by that dreadful disease, syphilis. The term syphilis, as you are aware, has been applied to a class of diseases consisting of three stages. Primary—in which there is a specific sore. Secondary—a constitutional effect manifesting itself in the skin and mucous membranes; and Tertiary—in which not only the skin and mucous membranes are affected, but also deeper tissues. This patient is a marked example of the secondary form. Sixteen months ago he had a primary sore which, as my assistant remarks, *was cured.* In a case of chancre it is of importance to get rid of it at once; but in so doing we cannot always eradicate the whole disease. In many cases you will have a primary sore heal readily, and yet there will be a something hanging about the system which will sooner or later manifest itself by secondary or tertiary symptoms. I have met with cases in which this poison had remained latent in the system fourteen years.

You will observe that this patient has peculiar copper coloured blotches about the skin; his pupils are dilated; severe pain of eye balls, and also of the extremities; soreness about the lips and jaw bones. Upon opening his mouth you discover at once a large stellated ulcer on the posterior portion of the pharynx, which has a tendency to extend and corrode; already the posterior nares, the uvula, and the arches, have been destroyed. Notice his voice and manner of speech; it is stifled and oppressed. You know at once that the ulceration has descended even to the larynx. He is thin, pale and anæmic, and when he attempts to swallow, there is a regurgitation through the nares.

Treatment.—Now, gentlemen, what can be done for this poor creature; evidently by his appearance he should be nourished, but owing to the difficulty experienced in swallowing all but liquid nourishment should be withheld. Our treatment must be local and constitutional. I have directed my assistants to pencil his throat with a weak solution of nitrate of silver, and to use Sir Charles Bell's celebrated gargle, viz.

℞.	Hyd. chlor. corros.,	gr. ij.
	Sp'ts. rectificat.,	f.℥j.
	Tr. cinchon.,	f.℥iij.
	Mel, rosæ,	
	Tinct. myrrhæ,	āā f ℥j. M.

It may also be advisable to apply tincture iodine externally. This local treatment serves a very good purpose, but our main reliance is placed upon the constitutional effect to be derived from the long continued use of iodide of potassium and bichloride of mercury. I am in the habit of using these potent remedies in the following manner:

R. Potasii iodidi, gr. x.

three times daily in any of the aromatic syrups, and every evening a pill of hyd. chl. corros. gr. ½. This treatment must be continued some time, but if there is any tenderness about the gums, discontinue the mercurial for a time. Occasionally you will meet with people who cannot bear the use of iodide of potassium; this is especially the case with those of a nervous temperament.

Typhus Fever.

Joseph S., æt. 22, single, England—was admitted October 19th. Has been sick since he came off ship, which was four days before admission; his bowels were costive, but are now open once a day; he is quite delirious, particularly at night; three days ago he was covered with the characteristic eruption of typhus, which has in a good measure faded. Where people, half starved and poorly clad, are crowded together in ships, with the hatches closed and but little change of air, there is soon generated a low form of fever, commonly called ship or typhus fever. This is the second case of this kind that I have had before you. You will observe that this patient has an anxious countenance—suffusion of, and a tendency to a peculiar discharge from the eye—sordes about the teeth—pulse feeble and compressible—the heart beating quickly but with no force—some tenderness over the abdomen—dry, harsh, brown tongue—more or less of nervous trembling, hardly amounting to subsultus tendinum—intellect stunted and oppressed.

His body has been covered for several days with petechiæ; there is not that calor mordax which you often find in a severe case like this. In all low fevers there will often be, not only retentions but also suppression of the urine; fortunately this man has made water freely.

In the treatment of typhus fever there are a variety of symptoms to watch. If there is diarrhœa give an injection of acetate of lead and opium. To counteract the irritability of stomach have a small blister applied, while minute doses of calomel, not more than the ⅛ of a grain, with a little white sugar, are dropped upon the tongue. To guard the brain, use ice freely about the head and have small blisters placed behind the ear; but it will be necessary to observe considerable caution in the use of blisters in all low forms of fever, as they may be followed by sloughing and the most serious results.

When there is marked dryness of the tongue resort to turpentine gtt. x. in combination with chlorate of potassa gr. x. in mucilage every three or four hours. It is an admirable remedy in all mucous irritations. Early in the treatment you will be called upon to give some stimulating diaphoretic. I have been much gratified in using liq. amon. acetat. with spts. æth. nitrosi. The condition of the heart will regulate your conduct in the use of stimulants and tonics. Where you find the pulse quick and soft administer freely of beef essence, milk punch, and good brandy or whisky; do not use wine if the patient can bear brandy. You want to get the greatest amount of stimulant in small bulk. In your treatment do not mix up too great a variety: form a plan, and stick to it. Where there is so much irritability that the stomach will not bear food, you may resort to injections of beef essence and milk punch, every two or three hours. If there should be morbid vigilance for many days make use of camphor water and morphia; there is nothing better, but be cautious and have it thoroughly incorporated. In some cases you may be compelled to give small doses of quinia or cinchonia. I have found the preparation in solution to answer the best purpose. Owing to the present high price of the sulphate of quinine, and the large quantity necessarily used in a hospital of this size, we have concluded to make a thorough test of sulphate of cinchonia as a substitute. The success which has attended our efforts thus far has been very gratifying; all but two of the cases of intermittent fever treated in the house during the month of October have been cured by the use of sulphate of cinchonia.

University of Maryland,
October, 1865.

Surgical Clinic Prof. N. R. Smith, M. D.

Reported by J. W. P. Bates, M. D.

Orchitis.

Man, æt. 20, sailor. This man has been troubled for the past three weeks with a swelling of the scrotum. He has never had gonorrhœa, some burning in voiding his urine, which he believes was produced by straining. The epididymis is hard, the body of the testicle elastic. The tunica vaginalis has poured out serum which gives the elasticity. When chronic, this is called hydrosarcocele, when acute, orchitis. It is a common result of gonorrhœa badly treated, or neglected, or exposure to cold. The same membrane lines the vas deferens that lines the urethra, and the inflammation is often carried, by continuous sympathy, from the inflamed urethra to the testicle; in this case the reverse seems to have been the case, as the testicle becomes inflamed and the urethra sympathizes with it. His bowels are regular and general health good.

R. Hydrarg. chlor. mit., gr. j.
Ant. et potass. tart., gr. ⅛ M.
Ft. pil. no. j. S. One every six hours.

Let him be kept in the recumbent posture—simple diet—no animal food—support the testicle, and apply,

R. Plumbi acetat., ʒj.
Aquæ, Oj. M.

Fistula in Ano.

Man, 27. We have here an example of a disease which is very troublesome to the patient, and which he desires to have cured. You perceive an opening here on the right side of the

anus. This communicates with the rectum and allows fecal matter to pass. Fistula may be complete or incomplete. Incomplete is divided into external or internal, having an external opening in the former and an internal one in the latter. In this instance it is complete, having an external and internal orifice. The treatment is quite simple. We introduce one finger into the rectum, and divide the septum with a curved, probe-pointed bistoury, and fill the false passage with lint, so as to make it heal from the bottom by the granulating process. If you allow the parts to come together the cut surfaces will unite and the fistula be reproduced, for this reason we use lint.

Nervous Deafness.

Man, 50. Here is a case of deafness resulting from the firing of heavy cannon. This is not an uncommon cause, as there is nothing more delicate than the auditory nerve, and the least disturbance disorders it at once. Loud noise produces a shock upon the nerve, especially when the person is taken by surprise. When expecting it the muscular apparatus puts the ear into a proper condition. Analogous to the effect produced upon the eye by intense light. It is not likely that anything can be seen by looking into the ear, as the trouble lies beyond the tympanum. There is morbid exercise of the sensibility of the nerve and false sounds, as roaring, etc., are heard. It is a singular circumstance that persons afflicted as this patient is, will hear better when riding in a carriage over a rough pavement, or when musicians are playing. The jolting seems to stimulate the nerve, and they hear better than under ordinary circumstances. This disease is very little under the control of remedies. We can do nothing in this case. Remedies have been tried, but produced no benefit. In the large majority of these cases the more that is done the worse the case becomes. When the cause can be removed we may do good, but not otherwise. The introduction of foreign substances, even the domestic remedies, do harm. When these cases come to you, you must do something. You may use veratria ointment (gr. x. to ʒiij. of spermaceti ointment) behind the ears, first chafing the skin. It does no harm, and sometimes the patient imagines it does him good. Forcing air through the Eustachian tube was used twenty years ago, but no good resulted from it. Case discharged as incurable.

Epithelioma.

Man, 47. A well-marked case of cancer of the lip, not suppurating in a healthy way, everted edges, extreme hardness and aching and burning; never had much lancinating pain, which is the kind generally felt in this disease. Had it since April. Small tumor under the jaw, opposite to this sore on the lip—had it since he was 21 years of age, therefore not connected with this disease. The involvement of the glands unfavorable indication. He has been in the habit of smoking a pipe—formerly used it on the right, but on account of this sore, changed to the other side. In a large majority of instances, this disease is the result of tobacco. Often see it in negroes—a short pipe more likely to produce it than a long one, because more of the oil of tobacco is imbibed. Cigars and chewing also produce it. Knew of a case where the disease commenced in the cheek, from the action of a quid of tobacco; in another case, an inveterate smoker, the disease made its appearance on the tongue just where the stream of smoke impinged. Epithelioma is cancer modified by the tissue it affects. It sometimes appears on the face, and may be mistaken for tetter—a little scab appears, peels off, and leaves a sore which soon developes the cancerous nature. The only remedy is excision of the diseased mass. In this case we will remove part of the lip by a semi-circular incision and dress with lint, and let it heal by granulation. Sometimes a V-shaped piece is removed and the parts brought together, but that always produces tension and puckering.

Syphilitic Ulcers.

1. Man, 30. Ulceration on the right posterior part of the neck, characteristic appearance, serrated edges, etc. Sometimes these ulcers heal on one margin and extend on the other. Has some pain in leg, but no nodes. Let it be washed with a weak solution of bi-chloride of mercury, and dressed with Turner's cerate. Potass. iod. internally.

2. Man, 48. Ulcer of throat; looks as if cut out with a punch, which is the characteristic appearance of these ulcers in this locality. Let the ulcer be touched with nitric acid, and give potass. iod. internally. Has no sore on any other part of the body.

Medical Clinic of Prof. McSherry.

Anasarca.

Man, 19, laborer. Bad health for three weeks, laborer on a railroad. Has had chills and fever, quotidian type. Has had no chills now for several days, but his lower extremities are swelled, constituting anasarca. Dropsy may come from disease of the kidney—renal; disease of the heart—cardiac; obstruction of liver—hepatic. Always examine the urine in cases of dropsy, to see if it contains albumen—sometimes it contains it only temporarily. This man's urine was examined yesterday and found to contain albumen; likely this case depends upon obstruction of the liver from intermittent fever. His legs are swelled first, on account of position, exudation of serum under the skin, and the legs being most dependent, it accumulated in them. Yesterday he was put on potass. bitart., ʒij., so as to act on the kidneys, and ferri et potass. tart., gr. x., during the day. If there should be a return of the intermittent, put him upon quinine, which I consider the most valuable of medicines. The cream of tartar acts on the kidneys and bowels, and the iron enriches the blood. We will now test his urine by heat and nitric acid: always take that passed in the morning. This man's urine is not acid, as litmus paper undergoes no change; normal urine, except just after meals, always a little acid. Here the specific gravity is about 1018, which does not differ from the healthy standard: if considerably above or below, it is abnormal; in diabetes mellitus, it is increased, usually decreased in Bright's disease, on account of defi-

ciency in saline matters, because the kidneys are not acting properly. Here there is a reasonable proportion of salines. Heat and nitric acid mutually correct each other—heat will precipitate earthy matters which the acid dissolves, and the acid precipitates uric acid which heat dissolves. This not affected by heat, on account of its alkalinity, but as soon as it is acidulated a copious precipitate is thrown down—alkaline on account of salt of potassa. The kidneys are affected—are they permanently so? I hope not. Intermittent causes anæmia; the blood is broken down and parts with its coloring matter, pigment cells collect in the liver and spleen—sometimes carried to the kidneys, and act as any temporary congestion will do. We may hope to save, as the albuminuria results from a curable disease, and may be disturbance, not disorganization. Continue the iron and cream of tartar. Everything about him indicates anæmia.

Medical Societies.

PATHOLOGICAL SOCIETY OF NEW YORK.

At the meeting of the Society, held at the College of Physicians and Surgeons, October 25th, —Dr. Buck in the chair—Dr. Sayre presented a specimen of

Tumour growing from the sheath of the Sciatic Nerve.

The patient was a man of about forty-five years of age, who during the last three or four years had been suffering from an intense pain in his hip along the course of the sciatic nerve. There was no disease of the joint. He had been subjected to various modes of treatment, among others hypodermic injections, without receiving any benefit. He had become much emaciated, but, the constant pain excepted, no disease could be detected. There was no gouty diathesis.

On a careful examination Dr Sayre detected, by flexing the limb strongly, a hard substance just behind the sulcus of the trochanter major, pressing so closely against the trochanter as to appear like an exostosis. On closer examination, however, the tumor was found to have apparently no attachments to any bony substance, and its removal was determined upon. It was a hard, cartilaginous looking mass, the size of an English walnut, over the sciatic nerve, where it is most superficial, and connected with the *sheath of the nerve*, which had to be opened to remove it.

(The growth was referred to a Committee for microscopic examination, the results of which will be communicated.)

Soft Sarcomatous Tumor of the Antrum of Highmore.

At the meeting of the Pathological Society, November 8th, Dr. Sands in the chair,

Dr. Krakowitzer related an interesting case of tumor of the antrum, of which we give the substance.

The patient was a young man, 25—26 years of age, who six years ago had been an inmate of the Jews hospital. He was then laboring under ozena, a discharge taking place from both nostrils, which were ulcerated and covered with crusts.

The treatment consisted in removing the crusts, cauterization of the ulcerated surfaces, and the use of mild astringent injections. In the minutes of the case it was stated that he had had hæmoptysis, and that a severe attack of bleeding had followed after probing the nasal passages. There were no hereditary taints traceable.

During the last year he had been engaged as a conductor on a railroad. One night in December last, while following this avocation, he stepped from a warm car upon a platform and unbuttoned his coat. Three days afterward he was seized with violent bleeding from the left nostril. The hæmorrhage stopped, but from that time he commenced to notice difficulty of breathing through this nostril, which difficulty gradually increased until about three months ago, when the passage had become entirely impervious, and the patient by introducing his little finger could feel a tumor descending down the nostril. In July, about six months after the first, another severe hæmorrhage occurred, upon which the tumor receded, and he could feel it no longer in the nostril. Soon, however, a swelling made its appearance on the inner canthus of the left eye, increasing until it pushed the eyeball outward, to such an extent that the eyelids barely covered the eyeball, which, however, was movable, and the eyesight remaining good. The patient at this time had settled at Warrenton, Va.

Dr. Krakowitzer saw the patient a week ago. He seemed to be in perfect health, felt perfectly well, and had never suffered any pain from the swelling. The whole of the left side of the face was a little protruding. In consequence of the bulging out of the eyeball and pressure upon the lachrymal apparatus, there was constant epiphora. On examining the left superior maxilla, it gave to the touch a sensation of softness and elasticity. No swelling could be detected in the nose. The soft palate was normal. There was no affection of the submaxillary or of the cervical glands. On pressure the inferior margin of the orbit could be felt intact. Since his arrival in New York the patient has had three attacks of hæmorrhage from the nasal passages, of considerable severity.

There could be no doubt of the presence of a tumor. In regard to its character the opinion was formed that the new formation was not malignant. Its growth had evidently not been very fast, and there was an absence of pain and no infiltration of the neighboring glands.

The next point to be decided was regarding the origin of the disease. The patient stated distinctly that the tumor at first presented in the nasal cavity, and that with its recession from that locality it could be detected in the angle of the eye. The general aspect of the face and the soft elastic feel pointed to the antrum of Highmore as the seat of the disease. The first development probably took place toward the nose; then, with its advancing growth becoming disengaged,

it was lifted back, toward the orbit, and the anterior walls of the antrum became gradually absorbed. It was presumed that there were no adhesions with the base of the scull.

The removal of the tumor was decided upon, and the operation performed in the usual manner of extirpating tumors involving these parts. The whole of the antrum was found filled with the mass. In removing the soft fragments of the growth extending toward the base of the skull, it was found that *bony absorption had taken place here*, and at one point so completely that the *dura mater was visible*, and the pulsations of the brain could be seen.

The tumor, as had been anticipated, belonged to the soft sarcomatous variety, not exactly malignant, but still apt to recur, especially in this region. The prognosis in this case is that the patient will die of meningitis.

Under the microscope the main characteristic element of the tumor, which on account of its softness could not be removed *en masse*, but had to be taken away in fragments, consisted of elongated cells with one single nucleus.

Editorial Department.

Periscope.

Diphtheria.

In a clinical lecture on diphtheria, (*Lancet*) Dr. E. H. Greenhow distinguishes two varieties of the disease;—one, in which the urgency of the case is due to local manifestations—and the other, in which the danger arises from the general constitutional affection. Apnœa and more or less complete occlusion of the air passages by the membraniform condition characterize the first. The latter is characterized by the predominance of symptoms of asthenia, caused by the intensity of the general disease, and the danger to be apprehended is the gradual exhaustion of the vital powers. Although these two forms of diphtheria are so diverse in their most salient characters, and the kinds of danger which attend them, there is yet no doubt of their being only varieties of one and the same disease, for they not only occur constantly during the same epidemic, but very often also in the same household, and at about the same time, and occasionally cases occur which partake more or less of the characters of both forms; usually, however, one of the two classes of symptoms predominate.

Although these are two most important classes they are by no means the only form of the disease. In every epidemic there are many cases in which neither the air-passages are involved, nor are there any urgent symptoms of general constitutional affections, so that many of these, at any other time, would merely be regarded as cases of common inflammatory sore-throat. Again, cases may present themselves characterized by more or less diphtheritic exudation in the fauces, but unattended by urgent symptoms. Such cases usually recover under any rational mode of treatment, and it is the consequent great apparent success in treating cases of such mild symptoms, which has sometimes led practitioners to promulgate as a specific for diphtheria some medicine with which they have treated large numbers of them; the truth being, that by far the greater proportion of cases required only common care, and would probably have recovered without any medical treatment at all. But although these mild cases so often do well without any or no particular medicine, still caution is necessary against neglecting them, as even the mildest cases require careful watching, because either by an invasion of the air-passages or by the accession of constitutional symptoms, a case which in its first stages appeared of the mildest type may subsequently assume a most serious form.

Bromide of Potassium in Strictures.

Dr. G. de Garrequer Griffith publishes in the *Dublin Medical Press* an article in which he strongly recommends the bromide of potassium in cases of irritable urethra and stricture. Several cases are related, in which the remedy was used with success. It is also recommended to relieve the excessive pain which obtains at the menstrual periods, when there is a narrow os and cervix, either from natural conformation or from extreme turgescence of the uterine vessels.

Quinine and Iodide of Potassium in Inflammatory Rheumatism.

These articles are strongly recommended by Dr. Lemire in the treatment of *inflammatory rheumatism*. In an article published in the Montreal *Gazette Médicale*, he relates the case of a man, 36 years of age, of strong plethoric constitution, suffering from inflammatory rheumatism, affecting the ankles, knees, wrists, and shoulder. Twenty grains of jalap were administered with five grains of calomel, followed by the following mixture:

℞.	Quiniæ sulph.,	ʒj.
	Potassii iodid.,	ʒij.
	Acid sulph., dil.,	f.ʒss.
	Aquæ,	f.ʒviij. ft. M.

A tablespoonful every four hours; lemonade as a beverage. After six days of this treatment, the patient had left his bed and could walk about, only feeling a little weak. Two days later, he was perfectly cured, and has had no relapse. In two other cases treated similarly, the disease lasted only eight days.

Rhus Toxicodendron.

Professor Maisch, in a paper on *Rhus toxicodendron*, read before the American Pharmaceutical Association, settles the nature of the volatile poisonous principle, which is an acid resembling but not identical with formic acid, for which he proposes the name of toxicodendric acid. The *rationale* of the use of soda and of borax in treating cases of this kind of poisoning is now apparent.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 18, 1865.

ENLARGEMENT AND INCREASE OF PRICE.

The pressure of literary material on our columns makes it necessary to announce an increase of the size of the Medical and Surgical Reporter. This increase, together with an improved external appearance, will take place from the first of January next; from which time the subscription price will be Five Dollars per annum. The cost of paper and labor seem to be permanently fixed at high rates, and we are compelled to accept the situation, and graduate our subscription rate accordingly. If these expenses lessen, or a liberal support justify it, we shall be enabled to further enlarge the work, or expend more on the literary department, or perhaps do both.

☞ *All advance payments made prior to January* 1*st*, 1866, *will be credited at the present rate of* $4 *per annum.* Payments made *after* that date, will be credited at the rate of $5.

NEW LITERARY ARRANGEMENTS.

As one of the results of the settlement of our national difficulties, and the return to civil life of some of our old collaborators, we are enabled to announce the consummation of an excellent arrangement by which we shall hereafter maintain a close editorial connection with the city of New York. This arrangement will include, besides editorial observations, regular intelligent reports of the proceedings of the New York Academy of Medicine, the Pathological Society, and correspondence on medical matters in and near the metropolis. We are also endeavoring to secure good clinical reports from that city. These, with the clinical reports from this city and Baltimore, and the reports of the meetings of the Philadelphia County Medical Society, in addition to our ordinary arrangements will enhance materially the value and interest of the Reporter. These arrangements are *very costly*, but, we doubt not, the profession will sustain our enterprise with such liberality that we shall be enabled to meet the heavy outlay without embarrassment. Aside from our own labor, our present plans will call for a cash outlay of from thirty to fifty dollars a week on the literary department of the Reporter alone.

Herbert H. Howe, M. D., son of Rev. Dr. Howe, of this city, has been appointed Resident Physician to the Episcopal Hospital.

CHOLERA—PRECAUTIONARY MEASURES.

It cannot be too often repeated, that whatever benefits may accrue from *strict* quarantine laws in preventing invasions of cholera, the one great point is the *removal from our cities of the causes and sources of disease*, and that a thorough system of inspection, *under the supervision and control of medical men*, with full power to enforce every measure necessary for such removal, constitutes the only means from which we may reasonably expect good results.

We see announced with much pleasure in the *Boston Medical and Surgical Journal*, the following action of the Board of Aldermen of that city:

"Ordered: 1. That the chief of police is hereby directed, under the advice of the City Physician, and in conformity to the accompanying blank forms of return, to cause a thorough and systematic examination of the *whole city*, to be made by the police officers, in their respective districts, in order that accurate information may be had of its sanitary condition, and the necessary means taken for its improvement.

"2. That the police officers of the districts, or those who may be especially detailed as Health officers for the purpose of executing this order, shall carefully inspect and report to the chief of police, in writing, all streets, lanes, courts, passages, common stairs, houses, rooms, cellars, yards, or vacant lots, which require cleansing; and in cases where, from any cause *frequent cleansing* is required, they should specify the fact.

"They shall also report all cases where the drains, cess-pools, or privies are in a state injurious to health. They shall also report any cases of prevailing sickness, especially where there is great overcrowding, or unusual destitution of the necessaries of life.

"They will also report all cases of *death*, which occur in families living in single rooms, or confined apartments, especially when the death has been from any malignant or contagious disease.

"3. When any nuisance or other source of disease is discovered, notice, in the proper form, is to be served upon the owners or occupants *forthwith* to abate the same, and in case of refusal or neglect for a period of twenty-four hours, the Chief of Police is authorized and directed to cause the same to be abated or removed *in the most summary manner;* and he is hereby authorized to call upon the Superintendents of Health, of Streets, and of Drains, to aid him in such removal.

"The expense of such removals or abatements

of nuisances shall be chargeable to the owners or occupants of the premises.

"4. These measures shall be so continuously pursued as to prevent, as far as possible, any re-accumulation of the causes of disease now sought to be removed, and each officer will be considered strictly responsible for the sanitary condition of his assigned district.

"5. All persons acting under and by authority of this order, are hereby authorized to enter upon and into any premises which it may be necessary to visit in compliance with its provisions; but their object in so doing must be first stated to the occupants, and all unnecessary annoyance to them most carefully avoided."

At Providence, R. I., Dr. Edwin M. Snow, the Superintendent of Health, has made a report in which he strongly advises the adoption of similar measures in that city.

In Philadelphia also, the City Councils have made a special appropriation to the Board of Health for the purpose of adopting measures of the same kind, for the protection of the city from a visitation of cholera.

PROGRESS OF THE CHOLERA.

Attention, at this time, is directed from Europe to the metropolis of our own country, New York, where the arrival of a vessel with a considerable number of cholera-patients on board has, of course, caused some excitement. This excitement, however we are glad to perceive, has been one of anxiety to find and adopt preventive measures to stay the introduction and spread of the epidemic, rather than of fear; and all the authorities, as well as private citizens of eminence and influence, appear to be fully awake to the importance of the subject.

That the disease which carried off a number of passengers on the Atalanta, was really cholera there can be no doubt. Dr. Sayre, in a report to the Mayor of New York, writes:

"From the statement made to me by the surgeon of the ship, and by Dr. Burdett, Deputy Health Officer, there can be no doubt as to the nature of the disease with which this ship has been infected. The vomiting and purging—rice-water discharges—sunken features—blue surface—shriveled skin with loss of its elasticity—and the muscular cramps, tell the story but too plainly that it is 'Asiatic cholera.'"

The detained passengers of the Atalanta have sent a communication to the Mayor, in which they claim that the epidemic on that vessel was not cholera, and protest against their detention. The only ground on which they base their claim is a resolution "that had the disease been cholera, its fatality would have more than decimated the passengers and crew of this vessel."

We will now for a moment consider the measures which the authorities in New York have advised and adopted, as far as *quarantine* regulations are concerned. Before going further, we must notice the energy and wisdom which have characterized the action of Surgeon-General Barnes, at Washington, through whose influence, timely warning had been given to the State governments, which prepared their authorities for action. Governor Fenton, basing his conclusions on information received through the Surgeon-General and the report of Dr. Mülig published in the Medical and Surgical Reporter, speaks as follows, concerning the treatment of persons and vessels infected with cholera while in quarantine.

1. Quarantines ought to be located at a distance from towns and populous centres, and where possible, on islands.

2. Passengers should never be permitted to pass their quarantine on board of vessels.

3. Spacious and thoroughly isolated lazarettos should be established at suitable points.

4. Every lazaretto ought to have a hospital entirely separated from the principal edifice.

5. Sanitary physicians attached to the lazarettos, and whose number should correspond to the importance of the station and the circumstances, ought to be in constant attendance on the inmates; and they should have trustworthy assistants, always on duty at the bedside of the patients, to report their actual condition.

6. If a case of cholera has occurred on board a vessel, the crew ought to be landed and put in the lazaretto, and those suffering from diarrhœa be sent to the hospital. The vessel should undergo a thorough purification, as is practiced with regard to vessels contaminated with the yellow fever. After twenty-five days, the crew may return to the vessel; but she should remain under the strictest medical surveillance for a further period of fifteen days.

7. The linen and clothing used by cholera patients during illness, (and, of course, that also belonging to those persons who have suffered from choleriform diarrhœa,) must be destroyed, and the hospital be disinfected.

8. All communications with lazarettos and vessels in quarantine must be severely interdicted, and every extravention of the quarantine regulations punished with severe rigor.

These maxims, our readers will see, are precisely those contained in Dr. Mülig's paper, and published by us nearly a month ago.

The patients being all duly taken care of in the Hospital-ship Nightingale, the most thorough means have been taken to secure complete disinfection of the cholera ships, or any suspected vessels arriving in port. To further accommodate the passengers and patients of detained vessels,

the general government has placed the old line-of-battle-ship North Carolina at the disposal of the municipal authorities, to be used as a hospital-ship with the Nightingale.

Thus much, briefly, as far as quarantine regulations and measures are concerned, which are ample. The second great point is the *abatement of nuisances* in our cities, without which even the strictest quarantine will prove of no avail.

On the 6th of this month, a meeting of prominent physicians and influential citizens was held at the house of Dr. Willard Parker, of New York, to consider the best means for avoiding the cholera and promoting the sanitary welfare of the city.

The meeting was organized, Dr. Bellows occupying the chair, and C. L. Brace acting as secretary.

Reports were presented to the Hygienic Council of the Citizens' Association by Drs. Harris and Post, in relation to the history of cholera and the best modes of preventing its ravages.

The plan laid before the meeting embraces a house-to-house visitation of the poor wards of the city, districted into divisions, and to be made by physicians employed for this purpose, who will prescribe for the persons afflicted with the premonitory symptoms of cholera.

Besides this, it was proposed that cholera dispensaries should be formed, and that there should be "houses of refuge," or tents, where the poor could be placed, if it be necessary to cause their houses to be vacated, in order to cleanse them.

For this purpose, it was thought best to raise $50,000. Remarks were made by Mr. Brace in regard to his recent visit to Europe, showing the remarkable results produced on cholera and other diseases by good sanitary arrangements. He was in favor of the passage of the Health Bill by the Legislature.

Addresses were also delivered by Messrs. Sturges, Eaton, Roosevelt, Vermilye, Dr. Bellows, Dr. Ward, and others. The plans presented were adopted by the Council. Committees were appointed as follows:

Committee on Legislative Action.—D. B. Eaton, W. E. Dodge, Jr., C. R. Agnew, M. D., Theodore Roosevelt, Col. George Bliss, Jr., C. L. Brace, John A. Weeks, John F. Noyes, J. R. Wood, M. D., Willard Parker, M. D.

Committee on Finance.—Howard Potter, J. C. Green, R. J. Livingston, Peter Cooper, J. S. Schultz, R. A. Witthaus, R. B. Minturn, W. H. Aspinwall, W. A. Booth.

It was resolved to call a large meeting, where the interesting results and reports laid before this assembly might be presented in full, and further measures taken to carry the plans into execution.

We hope the plans here proposed will be carried out. As we have said on a former occasion, nothing will enable authorities to abate the nuisances which poison the air of our cities, except thorough system of *inspection from house to house, from yard to yard*, with peremptory power to remove all nuisances, and use means to disinfect. The proposal to establish "houses of refuge," or tents, in aid of the cleansing of the permanent domicils of the poor, appears to us eminently important and practical.

Notes and Comments.

Lectureships in the University of Pennsylvania.

The following appointments have been made to the Lectureships established by the Trustees in the Medical Department of the University of Pennsylvania, through the munificent liberality of Dr. Geo. B. Wood, of this city:

Medical Jurisprudence, including Toxicology—Dr. J. J. Reese.

Hygiene—Dr. Henry Hartshorne.

Mineralogy and Geology—Dr. J. C. Hayden.

Botany—Dr. H. C. Wood.

Zoölogy and Comparative Anatomy—Dr. Harrison Allen.

These gentlemen will bring to their respective chairs a well-earned reputation, as an assurance that in their specialties there will be no more reliable source for the attainment of accurate knowledge than an attendance on their several courses of lectures, which, we understand, will follow, as supplementary to the regular winter course of the medical department.

The Richmond Medical Journal.

In our recent notice of the proposed issue of a new medical journal in Richmond, Va., we said that it would be issued quarterly. We learn by a note from Dr. E. S. Gaillard, the chief editor, that it is to be issued *monthly*. The January number will be issued during the month of December, and as a *large edition* will be printed, it offers advertisers an excellent opportunity of reaching the medical profession of the South. The same may be said of the *Savannah Journal of Medicine*, also recently announced.

The Discoverer of Chloroform.

The recent proposal to erect a statue in honor to Dr. Simpson, as the discoverer of chloroform, has given rise to some comments in the French journals, which state that although Dr. Simpson was the first to use chloroform as an anæsthetic in surgical operations, the substance itself was discovered by M. Soubeiran, Professor at the Paris School of Medicine, during his experiments on the reactions of chloride of lime on alcohol. These experiments were made in 1831, and Dr Simpson did not introduce chloroform as a substitute for sulphuric ether till 1847, a year after M

Flourens had discovered its stupifying effects on animals.—*Foreign Paper.*

The truth of history compels us to claim for Mr. Samuel Guthrie, of Sackett's Harbor, New York, at least a division of the honor with Soubeiran of the discovery of chloroform, he having also discovered it in 1831.

Bauer's Orthopædic Surgery.

It is pleasant to observe that foreign reviewers are more and more disposed to deal fairly by American authors. Several medical books published in this country have had a very flattering reception abroad. Among these we may mention a small work on Orthopædic Surgery, first published in a series of articles through our pages, and then issued in book form. Very flattering notices of this work have appeared in late numbers of the *London Lancet*, and in *Schmidt's Jahrbucher* published in Leipsic. Dr. Bauer is admitted in these reviews as an original contributor to orthopædic literature, and his effort is highly appreciated.

We hope that Dr. Bauer will shortly revise and elaborate his work, as a reliable text-book on this subject is much needed, and would no doubt find purchasers.

"Strumatic Salts."

The Pennsylvania Salt Manufacturing Co., located at Pittsburgh, has discovered in the waters of some of its wells certain mineral ingredients, which place them in the same category with the celebrated mineral springs of Kreuznach, Germany. The following analyses show what are the ingredients of the two waters, the analysis of the Kreuznach salt being taken from standard chemical works, and that of the Strumatic salt being made by Dr. Otto Wüth, analytical chemist of Pittsburgh. In both cases, the analysis relates only to the dry substance contained in the mother liquors.

	Strumatic Salt of Penn'a Salt M. Comp.	Kreuznach.
Silica sand,	0.0475	———
Chloride of iron,	0.1465	1.6000
" " barium,	0.3336	———
" " strontium,	0.0039	———
" " calcium,	57.9757	84.5200
" " magnesium,	23.6823	7.6800
" " sodium,	4.0380	———
" " potassium,	1.2785	1.9200
Iodide of magnesium,	0.1412	0.0500
Bromide of magnesium,	1.1316	0.1000
Magnesia,	11.2629	———
Alumen,	0.0083	3.8500
Phosphate of aluminium,	trace	0.3200

Dr. E. E. Phelps, of Windsor, has accepted a Professorship in the medical department of the University of Vermont.

Correspondence.

DOMESTIC.

Alcohol as an Antidote for Strychnia.

Editor Med. and Surgical Reporter:

The letter of Dr. Waller in regard to an attempt at suicide, *with strychnia and whisky*, reminds me of a case that came under my notice while a medical student. My preceptor was hastily summoned to the hotel, to see a man who had taken poison. I accompanied him. As we entered the room a strong muscular man lay on the bed in a convulsion. He soon came out of it, so as to speak, and begged of the doctor to save him, at the same time pointing to the stand. There stood a drachm bottle, with its staring death's head and cross-bones, labelled "*Strychnine Poison*," about half empty. "Nothing for him," said my preceptor—who was sometimes inclined to waggery, even in the presence of the grim monster—"Nothing for him but to smooth his passage to the grave," at the same time reaching down a bottle of Scheidam schnaps that stood on a shelf. He poured out nearly a tumbler full, and turning to the man, bid him drink. A spasm came on when he had taken half of it. We waited a little and he came out of it, and said he felt better. The doctor bid him drink again. Then he replenished the glass, remarking to me, "They give whisky out west as an antidote to snake bites, who knows but that gin is an antidote for strychnia as well." The spasms were like electric shocks, and the least touch would bring them on, even touching the bed-post made him scream. As fast as possible the doctor plied him with gin. The spasms finally became less frequent and not so severe, and the man called repeatedly for the medicine. More than half a pint of Udolpho's best was given him, with little signs of intoxication. In an hour or two the twitchings and convulsions had entirely ceased, and the man fell off into a comfortable sleep, from which he aroused feeling only somewhat languid and sore.

He had been unsuccessful in some large business transaction, and determined to commit suicide. For this purpose he purchased a drachm of strychnia, went to his room, and pouring half the contents of the bottle into his tobacco-box, shook it down among the "fine cut," and took a large chew. Part of the saliva he swallowed, part spit out. He did not remember how many chews he took, but there remained only enough for one more in the box. When he first felt its effects he repented of the act, and rung the bell for the servant, bidding him go in haste for a doctor.

I have no doubt but that he had taken enough of the poison to have killed him many times. My preceptor was of the same opinion, and was also firm in the belief that the gin in so large a quantity was the means of counteracting the poison and saving the patient.

I have never had the opportunity or occasion

to administer medicine in a case of poisoning with strychnia, but have always been mindful of this case, and if occasion ever should occur, would try large doses of alcoholic stimulants, believing it to be as near an antidote as anything, or perhaps, like whiskey for snake bites, may cure on the principle of *similia similibus*, &c.

Yours, &c.

P. J. Farnsworth, M. D.

Clinton, Iowa, Oct. 30, 1865.

News and Miscellany.

The Proposed Cholera Congress.

The following is the circular addressed by M Drouyn de L'Huys to the representatives of France abroad, a summary of which has been forwarded by telegraph:

"Monsieur—The recent irruption of the cholera into Egypt, whence that malady has successively spread into several other provinces of the Ottoman Empire, as well as into some portions of Europe, has awakened the solicitude of the different Governments as to the danger to the public health offered by the present insufficiency of the barriers opposed to the development of the scourge. All these Governments, as well those of States which have been attacked, as those whose territories up to the present time preserved, may be subsequently threatened, understand that it is their duty to guard the population against a calamity doubly formidable by the evils it entails and the disturbance it creates in international relations.

"Each Power has thus adopted, either spontaneously or to satisfy the pressing desire of public opinion, such arrangements as have seemed to it most efficacious to defend its territory against the invasion of the malady; but experience has shown that these preventive measures, taken separately and differing according to locality, are difficult to reconcile with the customs and wants of our age, impatient of every shackle which fetters the liberty of commercial transactions.

"Struck with the inconvenience of this situation, the Government of the Emperor has asked itself whether, at the same time that means are adopted to arrest the evil in its course, it would not be possible to direct attention, first of all, to attacking it at the fountain-head, by combating it energetically in the very places where it arises by a system of measures concerted with the territorial authorities. To effect this object the Emperor's Government has considered it was urgent to establish a preliminary agreement among the interested Powers, and for this purpose to bring about the meeting of a Conference, in which, beside delegates from the different States, men of science thought the best fitted to assist its deliberations by their especial knowledge might take their seats.

"The object of this Conference would be to investigate the primary causes of cholera, to determine its principal points of departure, to study its characteristics and its march; lastly, it would have to propose practical means for confining the disease and stifling it at its origin. It is not our desire to attempt to mark out in advance the programme of its labors; we wish to leave that care to the distinguished members who will be called upon to participate in it, and who will certainly receive sufficiently ample instructions to enable their studies to embrace all the questions requisite to be examined and resolved. It is, however, already at present perfectly understood that the Conference, while preserving the utmost liberty in its views, will not have to interfere in any act of internal administration, nor to take the initiative in any proposition calculated to obstruct the free exercise of territorial sovereignty. The measures whose adoption it might advise would be unable to be put in practice upon the territory of any State otherwise than by the independent authority of that State itself.

"Owing to their geographical position the countries of the Levant are first attacked by the scourge. The Oriental Governments, therefore, are particularly interested in the ameliorations it is desired to introduce for the general welfare in the organization of the sanitary service, and we may reckon with confidence upon their coöperation in the measures of which their subjects will be the first to experience the beneficial effects. It must not be forgotten that it is owing to the persevering assistance of the Porte, to the successive improvements it has introduced into the administration of the public health, that the problem of the suppression of the plague has been happily settled. It is from Turkey, therefore, that the Conference will be able to find the most efficacious aid in its labors; it is with her support that it will collect the best elements of practical solution. These considerations, the value of which will no doubt be appreciated by the Cabinet of ——, appear to me naturally to point out the City of Constantinople as the seat of the Conference. Brought into more immediate contact in this capital of the Ottoman Empire with the provinces in which the epidemic has its chief centres, the representatives of the foreign Powers will gain valuable information from the superior Council of Health, working under the supreme direction of the Porte. These favorable conditions will render easier in that city than anywhere else the accomplishment of the important mission to whose success the administration of the Sultan will consider it an honor to contribute.

"I request you, sir, to be good enough to communicate these views to the Cabinet of ——. We shall learn with great satisfaction that it gives its assent to them. In the event that, as we are willing to hope, the adhesion of the different Powers should allow of the Conference meeting within a short period, I shall acquaint you with the choice made of our delegates.

"You will find annexed a copy of the report which, conjointly with his Excellency M. le Ministre of Agriculture, Commerce and Public Works, I have had the honor to present upon this subject to the Emperor, who has deigned to approve its conclusions. This document is not intended to be communicated to the Government to which you are accredited, but you may base upon

t the arguments which support the views set orth in this dispatch. Receive, &c.

"DROUYN DE L'HUYS."

Berkshire Medical College.

The Commencement of the Berkshire Medical College, Pittsfield, Mass., occurred on Wednesday, November 8th.

The exercises were opened at 10½ o'clock, A. M., by the reading of the Theses.

Prayer was offered by Rev. Dr. TODD, after which the President, Dr. H. H. CHILDS, briefly but impressively addressed the graduating class, and conferred the degree of Doctor of Medicine upon eighteen candidates; and the Honorary degree of Doctor of Medicine upon Prof. WM. C. RICHARDS, of Pittsfield, and ROBT. TREAT, of Wisconsin.

The exercises were concluded by a very able and exceedingly interesting valedictory address, delivered extemporaneously, by Prof. WM. C. RICHARDS, M. D., who was recently appointed to the chair of "Chemistry and Natural History," made vacant by the resignation of Prof. P. A. CHADBOURNE, M. D.

The following is a list of the names of the graduates, and the subjects of their Theses:

F. S. Abbott, A. M.,	Mind and its Influence on Disease.
Chas. Bliss,	Fibrin and its Uses.
A. J. Brown,	Pyæmia.
A. S. Dean,	Acute Rheumatism.
J. N. Dickson,	Modes of Death.
G. W. Emery,	Variola.
Stillman Getchell,	Diagnosis of Pneumonia.
W. A. Jones,	Hereditary Transmission.
F. B. Lawson,	(Excused.)
Chas. McAlister,	Abscess.
J. H. Page,	Necessity of Recognizing Imaginary Diseases and Remedies.
M. J. Powers,	Puerperal Peritonitis.
O. F. Searl,	Syphilis.
E. H. Sexton, A. M.,	Evidences of Utero-Gestation.
H. S. B. Smith,	Phthisis Pulmonalis.
Arnold Stedman,	Tubercular Meningitis.
Hiram Temple,	Asthma.
John Winsor,	Diagnosis.

Pension Examining Surgeons.

The following are late appointments:

Maine.—Dr. A. R. LINCOLN, Dennysville.
Vermont.—Dr. JAMES E. MORSE, Royalton.
Kentucky.—Dr. M. E. WEBB, Bowling Green.
Tennessee.—Dr. ALBERT T. LEE, Kingston.
Wisconsin.—Dr. WM. T. GALLOWAY, Eau Claire.
Iowa.—Dr. WM. McK. FINDLEY, Bloomfield.

Personal.

Dr. R. J. PATTERSON, Superintendent of the Iowa Hospital for the Insane has resigned, and Dr. MARK RANNEY, Assistant Physician to the McLean Asylum, Somerville, Mass., has been elected to fill the vacancy.

Dr. C. DEWEY, Assistant Superintendent of the same Hospital, has also resigned; and Dr. H. M. BASSETT, of Ohio, has been appointed in his place.

Dr. TILDEN, Resident Physician of the State Insane Asylum at Stockton, California, has resigned, and Dr. G. A. SHURTLEFF has been appointed as his successor.

New York County Medical Society.

The annual meeting of the New York County Medical Society was held Monday evening, Nov. 6th, in the hall of the organization, corner of Fourth avenue and Twenty-third street. Dr. ISAAC E. TAYLOR presided. After the transaction of some business of no public importance, the election for president for the ensuing year took place, resulting in Dr. T. C. FINNELL being chosen to fill the office. Dr. BIBBINS was then selected to act as delegate to the State Medical Society at its next meeting.

Dr. S. T. HUBBARD was chosen vice-president of the society, in place of Dr. CONANT, deceased.

Dr. FINNELL, on taking the chair, returned thanks for the honor conferred on him, and expressed the hope that the society would perpetuate the medical fame it had achieved, and urged the members to aid its further progress.

Dr. W. C. ROBERTS then read a lengthy but interesting paper on the early career and history of the late Professor CHANDLER R. GILMAN, the eminent practitioner of New York city, who died in Middletown, Conn., in September last. The sketch abounded in incidents in the life of the deceased, and the respect in which he was held as a man of rare literary distinction, and as master in his profession.

The meeting accepted the paper, which will be printed.

Dr. UNDERHILL then referred to the death of the late Dr. BERRY, of Williamsburg, a member of the society; and it was announced that a paper on his demise would be read at another meeting.

The society adjourned.

Deaths by Cholera in New York.

The deaths by cholera in the city of New York, during previous visitations, foot up as follows:

In 1832 there were	. .	3,513 deaths.
In 1834 "	. .	971 "
In 1849 "	. .	5,071 "
In 1852 "	. .	374 "
In 1854 "	. .	2,509 "
In all other years,	. .	137 "
Total,	. . .	12 775

American Opium.

At the recent meeting of the American Pharmaceutical Association, specimens were exhibited of opium grown in Virginia during the war. They had the external characteristics of a good article, and were referred to Prof. I. J. GRAHAME, for analysis. DANIEL HENCHMAN, a Boston druggist, informed the meeting that during the war of 1812 a good article of American opium was produced and sold at from $10 to $12 per pound. The quality was soon deteriorated and the article went out of use.

Army and Navy News.

ARMY.

ASSIGNMENTS.—The Secretary of War has made the following assignments of Medical Directors:

Surgeon John M. Cuyler, U. S. A., to be Medical Director of the Department of South Carolina, relieving Surg. A. P. Dalrymple, U. S. A.

Surgeon R. S Coolidge, U. S. A., to be Medical Director of the Department of North Carolina, relieving Surgeon D. W. Hand, U. S. A.

Surgeon J. E. Summers, U. S. A., to be Medical Director of the Department of Tennessee, relieving Surgeon G. E. Cooper, U. S. A.

Surgeon E. P. Vollum, U. S. A., to be Medical Director of the Department of Texas, relieving Surgeon S. H. Holman, U. S. Vols.

Surgeon Ebenezer Swift, U. S. A., to be Medical Director of the Department of Kentucky, relieving Surgeon A. J. Phelps, U. S. Vols.

Surgeon John Campbell, U. S. A., to be Medical Director of the Department of Georgia, relieving Surgeon J. H. Boucher, U. S. Vols.

Surgeon John Moore, U. S. A., to be Medical Director of the Department of Mississippi, relieving H. E Goodman, U. S. Vols.

The officers relieved are ordered to proceed to their homes, and report by letter to the Adjutant-General of the army.

MARRIED.

ALLISON—BAIRD.—By Rev. L. Grier, Oct. 19, Dr. A. A. Allison and Miss Mary Baird, all of Ohio co., W. Va.

BANCROFT—MAXWELL.—On the 9th inst., by the Rev. Gulick Van Aken, Ephraim K. Bancroft, M. D., of Shamokin, Pa., and Miss Lucy A. Maxwell, of this city.

FISHER—WERKHEISER.—In this city, on the 25th ult., at the Spring Garden Baptist church, by the Rev. L. P. Hornberger, Thomas C. Fisher, M. D., of Philadelphia, and Miss Mary E. Werkheiser, of Easton, Pa.

GRAVES—SMITH.—In this city, on Wednesday morning, 25th ult., at the Church of the Atonement, by the Re tor, Rev. Benjamin Watson, D. D., William Henry, second son of the late Charles Graves, Esq., of Brookvale, Ireland, and Elizabeth Rebecca, eldest daughter of William H. Smith, Esq., M. D., of Philadelphia.

MOSBY—ISBELL.—At "Willow Banks," Cumberland co., Va., on the 26th October, 1865, by the Rev. Mr. McIlwaine, Dr. William G. Mosby and Mrs. Amelia C. Isbell, both of said county.

MULFORD—MULFORD.—On Sunday, Nov. 5th, at the Church of the Holy Communion, New York City, by Rev. Wm. H. Benjamin, Samuel B. Nicoll, M. D., of Shelter Island, and Miss Hannah M. Mulford, of Sag Harbor, N. Y.

SHERMAN—PIERSON.—In Brooklyn, on Wednesday, Nov. 8, by the Rev. Dr. Storrs, Dr. S. N. Sherman, of Ogdensburgh, N. Y., and Miss Kate M. Pierson, of Avon, N. Y.

DIED.

BREMER.—In New York, Nov. 4, Dr Edward Bremer, of Hanover, Germany, aged 48 years, for a number of years a visitor for the Children's Aid Society of that city.

KEMBLE.—In Ligonier, Westmoreland county, Pa, Oct. 3d, of dysentery, Lillian Hayes, youngest child of Dr. George S. and M. J. Kemble, aged 2 years and 3 months.

HEDGES.—At Wilmington, Del., on Nov. 4, Urban D. Hedges, M. D, in the 57th year of his age.

KNORR.—In this city, on the 8th inst., Andrew K., son of Dr. John K. and Catharine Knorr, in the 23d year of his age.

PRATT.—In Trenton, N. J., on 3d day, the 7th inst., Emma G., daughter of Dr. D. B. and Emma G. Pratt, aged 7 months.

ANSWERS TO CORRESPONDENTS.

Vaccine Virus. We much regret our inability to respond to applications just at this time for Vaccine Virus. As soon as we can procure some, we shall forward it to all applicants. Can any of our readers aid us in accommodating our medical friends in this respect?

Dr. J. M B., Cadiz, Ohio.—A new edition of the U. S. Dispensatory has quite recently been issued, but the publishers do not seem to care to have the profession made aware of the fact. For the sake of our readers, we *give* them the benefit of this announcement. We have seen this edition. It is fully brought up to the present time on the subject of new remedies, preparations, chemicals, etc., being a great improvement on former editions, as far as editorial labor on it is concerned. The price of this edition is $10.

Dr. J. A. McL., Morgantown, W. Va., and others.—It will necessarily be a long time before our proposed Medical Directory of the United States can be made sufficiently perfect to warrant publication. It will involve a very extensive correspondence, and we cannot yet speak with certainty about its publication or the price, if we should feel warranted in publishing it. The demand for such a work would not be likely to be large, which would have much influence on the price. We want the names of all who are generally received as regular practitioners of medicine. In some parts of the country there are physicians who have never graduated at a medical school, but who have made such good use of their opportunities of acquiring knowledge as to become intelligent practitioners. These should be included in the list, but those who are not graduates might be designated. We trust there will be a general response to this call all over the country.

Dr. W. V., Iowa City, Iowa.—Turnbull on Defective and Impaired Vision, and on Nervous Deafness, sent by Mail, Nov. 11th.

Dr. J. W. B., Washington, D. C.—Byford's Medical and Surgical Diseases of Women, sent by Mail, Nov. 11th.

Dr. W. M. L., Hamilton, Va.—Slade on Diphtheria, sent by Mail, Nov. 11th.

Dr. S. N. P., Cedar Falls, Iowa.—Slade on Diphtheria, sent by Mail, Nov. 11th.

Dr. R. C., Antistown, Pa.—Ring Pessaries, sent by Mail, Nov. 11th.

Dr. G. A. R., Panama, S. A.—Transactions Am. Med. Association, sent through Dr. Wister, Treasurer, Nov. 2d. Acton on Reproductive Organs, sent by Mail, Nov 7. *Budd on the Stomach is in press, and will be sent as soon as issued.*

Dr. M. W. H., Earlville, Pa.—Quadri-valve Speculum, sent by Express, Nov. 9th.

Dr. G. S. B., Hartford, Conn.—Works of Hippocrates, (Sydenham Society,) sent by Mail, Nov. 9th.

METEOROLOGY.

November	6,	7,	8,	9,	10,	11,	12.
Wind	W.	N. W.	N. W.	W.	N. W.	N.	N. W.
Weather	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain							
Thermometer.							
Minimum	30°	26°	22°	26°	28°	20°	18°
At 8 A. M	44	45	31	48	28	33	28
At 12 M	48	45	37	54	45	34	44
At 3 P. M	47	45	30	55	45	32	44
Mean	42.25	40.25	30.	45.75	36 50	29 75	33.50
Barometer.							
At 12 M	30.	30.4	30.6	30.3	30.5	30.7	30.3

Germantown, Pa. B. J. LEEDOM.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64 Feb. 4, '65.

☞ *We are in pressing need just now of a few copies for new subscribers,* of No. 414, Feb. 4, 1865.

THE

MEDICAL AND SURGICAL REPORTER.

No. 456.] PHILADELPHIA, NOVEMBER 25, 1865. [Vol. XIII.—No. 22.

Original Department.

Communications.

TETANUS FROM GUN-SHOT WOUND OF THE FINGER.

By W. P. Moon, M.D.,

Of Philadelphia,

Late Executive Officer of Mower U. S. A. Hospital, Chestnut Hill, Phila.

This case is presented not only on account of the general interest which attaches to that fearful malady tetanus, but also owing to the sudden and unexplained, and to me unexplainable singular death of the patient. It occurred while I was surgeon in charge of St. Joseph's Hospital, and I have always regretted our inability to obtain a post-mortem in the case, as it is possible some light might have been thrown upon the subject.

Chauncey, E., private, Co. D, 2d Wisconsin volunteers, was admitted to St. Joseph's U. S. A. Hospital, Sept. 4th, 1862, for gun-shot wound of index finger, right hand, received at Bull Run, August 30th, 1862.

Minnie ball passed through, below the head of second phalanx, shattering the bone, and, it was thought, not involving the joint, but it was found afterward that the fracture involved the joint also.

The finger was placed upon a straight splint, and cold water dressing applied. No constitutional treatment required.

Sept. 15th. Wound healing kindly. Simple cerate substituted for cold water dressing. Patient up and about the grounds.

Oct. 16th, or forty-seven days after the receipt of the injury, without any change in the appearance of the wound, which was nearly closed, the patient was suddenly seized with a chill, which was followed in a few minutes with violent tetanus, with jaws "locked," and excessive opisthotonos.

There was no apparent inflammation of the finger, and no bony union had taken place.

Pulse full and strong, 80 beats; bowels constipated; mind wandering, and pain of back and head excruciating. Upon investigation I found the patient had lain exposed to the draught, between a window and door, for some nights.

Large doses of colocynth extract and jalap were given, followed by an infusion of senna, during an intermission of the paroxysms, producing free catharsis. Sol. morph. sulph., f.ʒj., followed by f.ʒss. doses every four hours. Beef tea and milk punch, ad libitum.

Oct. 18th. Some improvement, patient having gained some sleep during the night. At 3 o'clock, P. M., perspired freely for an hour. Continued anodynes.

Oct. 19th. Spasms again occurring, chloroform was administered, by inhalation, in the proportion of one-third chloroform to two-thirds sulph. ether, which relieved the patient. Gave f.ʒj. each, ext. valerian. fluid. and tinct. assafœt., with f.ʒss. liq. morph. sulph., every two hours.

Oct. 20th. Has had no attack of opisthotonos for twelve hours, and can open the mouth three-fourths of an inch without much effort. Continued valerian, assafœtida, and sol. morph. every three hours, for three days, with little change. Pulse remaining strong and full, at 70 to 80.

Oct. 22d. Patient not so well; spasms returning. Pulse 70, but much weaker. Applied a blister to nape of neck, to be dressed with ext. belladonna, hoping to produce its anodyne effects.

The anæsthetic effects of the chloroform was continued as the spasms recurred, as this alone would control them. From ʒx. to ʒxx. were inhaled daily for three days. Discontinued antispasmodics and morphia.

24th. Evident improvement, patient taking more nourishment, and having fewer spasms.

26th. Eleventh day from the attack, profuse perspiration, lasting three hours. Diarrhœa, instead of constipation, set in, requiring injections of tinct. opii to control it. Spasms quite infrequent and less marked, requiring very little chloroform, and a general improvement took place. The day following the chloroform was discontinued, and used no more.

28th. Continued improvement; patient being able to open his mouth, protrude the tongue, take food, and is sensible to all going on about him, and seems in a fair way for recovery.

30th. Up and walking about the room; still improving.

31st. Toward evening complained of feeling tired and unwell, but no particular symptoms of complications appeared, except that the following morning a fine rash like urticaria came out on the body.

Nov. 2d. At 5, P. M., complained of great oppression in the head; became flushed and delirious; heart's action rapid and fluttering, and at 7½, P. M., the pulsations ceased suddenly, and patient died, like one suffering from an apoplectic fit. No reaction could be produced. No signs of tetanus were visible in his last hours, and as no post-mortem would be allowed by his friends, the real cause of his death could not be determined.

From evidence afterwards gained, it was considered nearly certain that the wound was self-induced, by having a comrade shoot at the finger.

There were two others in the hospital at this time, who had injured their own hands while a battle was raging, and then fell back, as if wounded by the enemy.

TREATMENT OF ULCERS OF THE EXTREMITIES ON DR. BARNARD HOLT'S PLAN, IMPROVED OR SIMPLIFIED TO SUIT COUNTRY PRACTICE.

By F. L. Keyes, M. D.,

Of Jerseyville, Canada West.

In treating ulcers on the legs in the country, I was continually annoyed by the appearance of red desquamative spots or papules, on which small vesicles would arise and pustulate; this somewhat prolonged the cure. The cause probably was owing to too great haste in the patient to get well; the preparatory means being ignored; together with a subacute inflammation and irritability of the cuticle; to which we may add the unruliness of such a class of patients. They must attend to their daily avocations, and see that all is going on right, cure or no cure.

To meet the above difficulties, I use a piece of oil-silk, which extends a little beyond the glassy looking cuticle in the locality of the ulcer, and dispense with the plaster at its margin, apply the oil-silk immediately over the ulcer, put on straps of adhesive plaster, three-quarters of an inch wide on the margin of the oil-silk, admitting half the width of the plaster to come in contact with the leg, then apply the collodion. I find this mode of dressing more congenial to the wishes of the rural class of community than confinement indoors, which they dread as much as the disease, or more. I will give one case to illustrate the difficulty in carrying out even my plan.

Mr. S. M., a carriage maker, called on the 3d of October, 1865. Had received a kick on the shin, about four inches below the knee, from a colt, two weeks previously. Leg somewhat swollen and painful; the cut transverse, an inch and a half long, and gaping; a small sphacelus at the bottom. Had not laid by on account of the injury. Said he wished me to do something for him. Could not think of being idle, must attend to his business.

Treatment. Put two drops of bals. copaiba into the ulcer, and applied the dressing as described above.

7th. Called again. The dressing completely displaced; ulcer discharging matter, somewhat fetid. No improvement. Dressing and copaiba continued.

14th. Called again. Sphacelus had separated, otherwise but little improvement. Cicatrices had commenced on the edges. Continued the same dressing, except the copaiba.

25th. Called again. The dressing had been partially displaced for the last three days. Had been quite comfortable, the reason of his not calling sooner. The ulcer was filled with healthy granulations, and from the exposure had scabbed; the redness had faded out; slight soreness now remained; otherwise expressed himself quite well. Same dressing applied. He left, highly gratified with the result.

Furunculus, or Boils.

During the prevalence of scarlatina maligna in this vicinity in 1862–3, many persons were attacked with furunculus of a malignant character, succeeding each other in rapid succession. The usual means of preventing their formation appeared to be of little use. I found that they soon subsided by the use of hydrochlorate of potassa. Query—Would not this remedy answer equally as well in the cure of carbuncle and prevention of the benign species of boils?

The Muscular Sense.

Dr. Hughes Bennet, Professor of Edinburgh University, lately read a paper before the British Association of Science, wherein he announced that the tendency of modern physiology was to ascribe to man a sixth sense. If there be placed before a man two small tubes, the one of lead and the other of wood, both gilded over to look exactly alike, and both of the same temperature, not one of the five senses could tell the man which is lead and which is wood. He could tell this only by lifting them, and this sense of weight was likely to be recognized as a sixth sense.

Hospital Reports.

PHILADELPHIA HOSPITAL,
November 8th, 1865.

MEDICAL CLINIC OF DR. J. L. LUDLOW.

Reported by A. M. Shew, M. D., Resident Physician.

Pathological Specimens.

In the post-mortem examinations which we are daily making in this hospital, there are often found pathological specimens of more than usual interest. It has been my custom heretofore to exhibit before you these specimens of morbid anatomy, contrasting them with healthy structure, in order that you may have a more practical knowledge of the lesions which occur in fatal diseases. The first specimen which I shall present this morning, was taken from a patient whom you have never seen.

Catherine D., æt. 56, single, was admitted to this hospital Oct. 13th, in a state of beastly intoxication. Upon examination, her body exhibited in many places marks of severe usage. From the time of admission to the day of her death, she never spoke a loud word, or swallowed food naturally. Peritonitis and pericarditis were diagnosed, but, owing to her wild delirium, it was impossible to administer remedies with any success. She died Nov. 6th, having been in the house twenty-four days.

Autopsy. Here is the right lung thoroughly congested, while the upper portion is almost—not quite—in a state of hepatization; only a small portion of this lung could have been permeated by air. You will observe upon the apex, several small, circumscribed and well defined ulcers, similar in appearance to ulcers upon the external surface of the body. This is very unusual, and you may never have an opportunity of seeing another specimen so well marked.

Heart. The pericardium presents some evidences of inflammation having existed, though there has been but slight effusion. In the right auricle was found a fatty mass weighing one-half ounce; all the valves normal.

Spleen—small, otherwise healthy.

Liver—normal in size and structure.

Kidney. This is a very good specimen of a healthy kidney. The line of demarcation, and the difference between the two structures, very evident.

Uterus. The cavity has been opened, and you will observe two bodies, one and a half inches in length, hanging out into the vagina; how long these may have existed it is impossible to tell. The mental condition of the patient was such during the time she was in the hospital, that our attention was not directed to these polypi until after death. The operation for removing polypi of the uterus is performed quite frequently, and with temporary success. There seems to be a tendency in nearly all, except the fibrous class, to grow after having been removed. These which I here exhibit belong to the class of soft polypi. In their growth they are the cause of more or less inflammation of the lining membrane of the uterus, and a constant stillicidium, which is a source of annoyance and fear to the delicate patient. In these cases I have often used an injection of persulphate of iron, two drachms to three ounces of water, with very gratifying results. A long female catheter, and a small, hard rubber syringe, are all the instruments necessary.

The operation for removing soft polypi may be followed by considerable hæmorrhage, unless great care is observed.

CASE 2. This pathological specimen was also removed from a patient who was never before the class. It consists, as you will observe, of a portion of the ileum, which has been folded upon itself, and while in that condition, glued together by bands of lymph, in such a manner as to form a complete obstruction to the passage of the feces.

This patient, Barnard D., æt. 60, was admitted to the medical wards only two days before his death. He had been somewhat unwell for about three weeks, but was able to attend to his usual duties until Saturday, Oct. 28th, when he was seized with a chill, followed by hiccough, which steadily increased. During this time his tongue was black and dry, pulse quick but feeble; no stercoraceous vomiting. Autopsy revealed a healthy condition of all the viscera, except at the commencement of the ileum, which was twisted upon itself, glued together, and in a gangrenous condition.

Complete occlusion of the bowel may occur from different causes. I remember a case which came under my observation several years ago. The patient was brought to my office complaining of constant pain in the right iliac fossa. Upon inquiry it was ascertained that some time previous he had received a blow on the right side, while running with an engine to a fire. Subsequently typhoid fever set in, from which he was convalescent, when one morning his partner in business called to consult him in regard to some important transaction; the excitement was more than he could bear. A few hours later I found him enormously distended, pulse feeble, extremities cold, and stercoraceous vomiting. Upon examination post-mortem we found the gut twisted upon itself, and bound down by strong bands of adhesion, forming a complete occlusion.

Typhus Fever.

Wm. Y., æt. 26, is an old acquaintance of ours, yet I doubt if any of you will recognize in this man the severe case of typhus fever which I had before you on the day of our second clinic. At that time his skin was hot and dry, pulse quick but feeble, eyes suffused, sordes about the teeth and gums, great dulness, stupor and prostration of the mental faculties, and a peculiar eruption diffused over the whole body. Now you perceive a marked improvement in all his symptoms. There is no fever, pulse less frequent and more volume, skin moist and natural, tongue clean, and he is slowly regaining his mental faculties. You

may notice a number of boils in different parts of the body. Owing to the depravity of the blood in all low forms of fever, there seems to be a tendency to the production of furuncular sores during convalescence. To counteract this, I shall direct the administration of tincture of the chloride of iron. This patient has had a stimulating course of treatment from the commencement.

Case 2. Joseph S., æt. 24, is another of our convalescent typhus patients. When I had him before you on a previous occasion, there was decided prostration of the nervous system. You may remember at that time he could not even protrude his tongue. The plan of treatment has been similar to that pursued in the last case. I have had these patients before you to-day in a convalescent state, believing that you feel an interest in knowing the result of the treatment pursued in cases that have been before you at a previous clinic.

Medical Societies.

ACADEMY OF MEDICINE, NEW YORK.

Meeting of November 15th, 1865.

The Treatment of Pneumonia.

At the last meeting of the Academy, held Nov. 15th—Dr. Anderson in the Chair—the treatment of pneumonia was the subject for discussion.

Dr. Bulkley opened the debate, by giving a synopsis of the various plans of treatment which have been recommended and were in vogue,—the antiphlogistic method, by copious venesection,—the tartar-emetic treatment, (contrastimulant, Rasori's,)—the mercurial,—the expectant. There were several points of great practical importance in the treatment of pneumonia. One of these, that the disease will get well in its own natural course, if not complicated; and again, that it has two distinct periods, with distinct symptoms and indications of treatment,—the period of high febrile action, and that of hepatization.

There was little to be said regarding the antiphlogistic plan, as it had been practiced by the French, who bled very frequently and copiously. Venesection now is the exception, and he thought that statistics were rather unfavorable to this plan.

The plan of Rasori was to give large and frequent doses of tartar emetic. He had seen this practice carried to such an extent, that a characteristic pustular eruption was produced in the fauces. It had, however, passed away, and if tartar emetic is given now, it is in very small doses. The mercurial plan of treatment has shared a similar fate, and is comparatively little resorted to at the present day. He was himself not in favor of mercury in pneumonia. The true method of treatment was to treat every case according to its own individuality. Give the disease proper time, and many cases will pass through well. Other cases, especially in the first stage, require moderate antiphlogistics, of which the salines are preferable; others demand stimulants; in others still, the use of veratrum viride is indicated and useful. From his own experience he would not recommend venesection; cupping even should generally be dry. Counter irritants, the oil-silk packet,—cotton batting around the chest, are always useful.

Dr. Wm. H. Draper remarked that no subjects of discussion were so unsatisfactory and resultless as discussions about the treatment of disease, especially those amenable to *medical* treatment.

There were so many considerations of age, sex, constitution, locality, epidemic influences, and the *bias* arising from preconceived opinions regarding treatment, that any discussion on the treatment of a particular disease became extremely unsatisfactory, and it is with difficulty that we can arrive at correct conclusions. The numerical method is not yet perfectly understood, and also liable to error.

No subject illustrates this better than pneumonia. Here the extremes, bloodletting and the stimulant or expectant method meet, and between these all shades of treatment are to be found. How are we to distinguish?

Change of type in disease has been invoked to explain the diversity in the practice of to-day and that of former years. But the advocates of this change of type assume a position illogical and opposed to progress. The explanation must be found in the slow and steady progress of our knowledge, in more enlightened views of pathology, in our knowledge that the disease is self-limited, tending toward resolution, and that nature is often competent to carry the patient through without medication. But at the same time it would be erroneous and too extreme to claim for the expectant mode application in all cases.

Two facts have been established by competent observers, (Wunderlich and Parkes,) which are of importance, as bearing on the pathology and treatment of pneumonia:

1. The crisis of the pyrexia is reached by the fourth to the sixth day.

2. The commencement of the period of re-convalescence is nearly coincident with the maximum of consolidation.

From these facts it appears that the lesion of pneumonia must be regarded as the result of the pyrexia,—that the pneumonia is secondary to a general morbid state, that blood-poisoning is the first link in the chain, similar to the phenomena of other diseases, such as rheumatism, etc. It is well known that pneumonia forms one of the results of uræmic, and perhaps other toxæmic conditions. Pneumonia, hence, is probably always a disease secondary to blood disease, and the lesions in reality occur in consequence of a restorative process.

Dr. Draper briefly reviewed the various methods of treatment. Bloodletting, very early in the disease, under certain circumstances, and in sthenic cases and robust persons only, he regarded as a rational remedy; only, however, in the first stage. He was not an advocate of bloodletting generally in pneumonia. He had seen one patient attacked with pneumonia, superadded to delirium tremens, die in consequence of being bled; another case came near dying.

Regarding tartar emetic, statistics seem to show that the treatment of pneumonia with large doses of this article is unfavorable. Stimulants should not be used in sthenic cases; they may be indicated in the asthenic form. Ammonia had been used with good results; from the experiments of Richardson, it seems that ammonia keeps the fibrine in solution, and in this way may aid in the speedier restoration of the lung to its normal state.

Dr. Tripler (Surgeon U. S. A.) was called upon to give his views on the subject. He remarked that when he arrived at the post in Newport, Ky., several years ago, he was informed one morning that a patient had been admitted to the hospital during the night sick with pneumonia, and that the Hospital Steward had bled him. His attention being thus called to the subject, the records were examined and showed that previously all cases of pneumonia had been bled, and nearly all had died. During the winter, while he was in charge of the post, seventeen cases occurred, of which none were bled and all got well. His treatment was mainly that of Stokes—in the *formative* stage small doses of tartar emetic; dry cups in mild cases, wet cups in severe; hot fomentations over the whole chest. He had given Norwood's tincture of veratrum viride with benefit, in small doses, seldom more than a drop, and watching the patient carefully. During the period of resolution he had resorted to Stoke's treatment of calomel and opium with good effects, diet low, and he rarely employed stimulants.

Prof. A. Clark remarked that he had been educated in the view that venesection was *the* remedy in the first stage of pneumonia. A difference should, however, be made between simple venesection and general antiphlogistic treatment. The same treatment is not applicable in all cases—it must vary with the individual. Take pneumonia in an *acute* form, occurring in patients past ten and not over fifty years, and he was not prepared to say that in this class venesection could be dispensed with. In hospital practice in this city he never used the lancet, because the patients there met with are ill-conditioned; but even here bloodletting in pneumonia is not entirely dispensed with, though restricted to wet cups. The evidence of the past in regard to the good effects of blood-letting in pneumonia is too conclusive to allow us to dispense with it entirely. In the cases recorded by Louis, all the symptoms were mitigated at an earlier period in those bled before the fourth day. Grisolle obtained the same results in 24 cases, all mild—13 of which were left entirely to nature, and 11 of which were bled in the early stage. *All* recovered, but those that were not treated at all, were more retracted in convalescence, while in those which had been bled there was an earlier abatement of all symptoms by 3, 5, to 9 days. Grisolle's observations extended over 230 cases, and the inferences which he formed are identical with those of Louis. The question of mortality can hardly be made a test of the value of one or the other method of treatment in pneumonia, as the observations of no one extend over a sufficiently large number to obtain a correct average.

He would mention a remarkable instance of the effect of loss of blood in cutting short an attack of pneumonia. The case was that of the late Dr. Cheeseman. He was, at the time of the attack, 71 years of age. The symptoms of the disease were clear and characteristic. Six or seven leeches had been applied to the chest in the morning. When Dr. Clark saw him in the evening, he found him lying in bed, perfectly pale, pulse a flutter. Four of the leech-bites had been bleeding all day, the person who applied them having neglected to attend to them. A large quantity of blood had been lost, so much that the coagula could be removed by the double handful. The old gentleman was so far reduced that in attempting to rise to put on a shirt, he fainted. From that moment the pneumonia stopped and did not recur. It was perfectly strangulated. But the patient had to get well of the bleeding.

As he had already remarked, patients in hospital practice are not in a condition to lose much blood. During one season, he treated in hospital 43 cases, of which 3 died; the next autumn, 4 cases occurred, which were somewhat freely bled by cups, and all died, though they did not appear more severe than the previous cases. Better results are obtained in hospital practice by sudorifics, low diet, and no depressants.

Antimonials, thirty years ago, were relied on almost as much as bloodletting: He was not sure that we were right in abandoning them entirely, unless substituted by veratrum or aconite.

Sudorifics are of the greatest value. Warm poultices may be used. But a neater way of obtaining a free and continuous perspiration is by enveloping the chest in cotton batting or flannel, oiled silk over the flannel, and another layer of flannel over the oiled silk. Mercurials, Dr. Clark has abandoned.

Regarding stimulants, Dr. Clark does not consider them necessary, unless the patient appears unable to go through the third stage. He feared that in this matter of stimulants the profession was going too far. The practice of stimulating had become *fashionable*, and, as other fashions, was run to excess. In ordinary cases of pneumonia, stimulants have scarcely a place.

THE VERMONT MEDICAL SOCIETY.

Annual Meeting, October 18—19, 1865.

Reported by L. C. Butler, M. D., Essex.

The fifty-first annual session of the Vermont Medical Society was held at Montpelier, October 18—19, 1865,—Dr. O. F. Fassett, of St. Albans, President, in the chair; Dr. J. S. Richmond, of Woodstock, Secretary. The session was opened with prayer, agreeably to the vote of the Society. After the reading of the minutes of the last annual and semi-annual sessions, the President introduced Dr. Thomas C. Brinsmade, of Troy, N. Y., as delegate from the New York State Medical Society, who presented his credentials, and in very courteous and eloquent language "conveyed

friendly greetings from the State Medical Society of New York to this Association." President Fassett responded, inviting Dr. Brinsmade to participate in the work of the present session.

The following individuals were proposed for membership of the Society, and were duly elected: Drs. B. F. Ketchum, Brattleboro'; S. S. Clark, St. Albans; Almon Clark, Rochester; Azro M. Plant, Milton; N. S. Boyce, Guildhall; G. E. Lane, Williamstown; M. O. Porter, Cornwall; W. H. Rockwell, Brattleboro'; S. N. Bemis, Stamford; O. G. Dyer, Brandon; M. H. Eddy, Middlebury.

Dr. E. F. Upham, on behalf of the delegates to Burlington Medical College, made report, that "they were cordially received and courteously treated by the Faculty, and were pleased with the readiness and correctness of the answers given to questions by the Professors, and by ourselves, in the various departments of medicine and surgery, showing that the teachings had been thorough and practical, and the attention on the part of students diligent and profitable.

Dr. McCollom, of Woodstock, presented resolutions on the death of Dr. J. E. Simonds, of Saxton's River, which were unanimously adopted, and Dr. H. D. Holton was requested to prepare a biographical sketch of the deceased, to be read at the next meeting of the Society.

Reports from the Committee on Epidemics being called for, Dr. L. C. Butler responded for Chittenden county, giving some account of an epidemic which had puzzled the physicians of the county greatly, either to diagnose accurately or to cure. He designated it, from its supposed origin, the "*Army Itch*," and suggested a method of treatment which had proved eminently successful. The paper gave rise to considerable discussion, developing various opinions in regard to its nature and treatment, the speakers generally concurring, however, in the view that it was a malady *sui generis*, and not curable by the ordinary remedies for scabies. The paper was referred to the Committee on Publication.

No written reports were received from any other county.

Dr. H. F. Stevens read a biographical sketch of Dr. N. W. Fairchild, late of Milton, deceased, which was referred to the Committee on Publication.

Dr. Lemuel Richmond, of Derby, reported a very remarkable case of abdominal dropsy, which occurred under his immediate notice. In point of *time* and *quantity* of fluid removed, it will perhaps challenge the medical records of the world for a rival. Sixty-eight operations of paracentesis were performed in seventeen months and twelve days, and the fluid removed carefully weighed each period. During this time 2383 lbs. were secreted and drawn off through the canula. The full report of the case will appear in the Transactions.

Dr. McCollom, of Woodstock, read a paper on "Criminal Abortion," which was referred to the publishing Committee.

The subject of defects in the Registration laws of the State was next introduced, upon the report of a committee appointed at the semi-annual session. The most notorious of those defects, in the opinion of the Committee, was that feature which required District Clerks to make the registry of births and deaths, in the latter case being required to name the disease of which the person died. The only proper persons to make such registration, so as to be of any practical importance, are the attending physicians, just as they are the only individuals to whom the preparation of a registration report, which shall embody statistics of any value to the profession, should be entrusted. The report elicited a lively discussion, which finally resulted in committing the subject to a committee consisting of Drs. Butler, Nichols, and Stevens, to report at the next meeting of the Society.

Dr. C. P. Frost, of Brattleboro, presented an elaborate paper, the result of immense labor, embodying medical statistics of great value, derived from the examination of recruits, substitutes, and drafted men in the State of Vermont during the years 1863, '64, and '65. Referred to the Publishing Committee. Dr. Frost also, from the Committee on the Military History of Vermont Regiments, made a verbal report, explaining the difficulty of collecting the necessary facts and data from which to compile such history, and moved, as a means of obviating them, the following resolution: That the late surgeons of Vermont regiments be requested by the Secretary of this Society to furnish such a history of the medical and surgical cases which occurred under their observation while in the United States service, as they have made note of or deem of interest and profit to the Society. And the Society so ordered.

Jaundice.

An interesting discussion then ensued upon the subject of *Jaundice*, which had been alluded to in several verbal reports of the Committee on Epidemics as having been prevalent in some localities.

Dr. Russ would not attempt to discuss the pathology of the disease, but would only speak of the treatment. He had used mercurials with better success than anything else. All but one of his cases yielded to hyd. cum creta and blue mass. In a long practice, he had never seen the time when mercurials were so often demanded and so well borne as during the past season.

Dr. Chandler has had the best success with calomel. He had tried to dispense with mercurials in this disease. Had used salts and senna, but without much benefit to his patients. He had substituted mandrake, but found that it irritated the stomach too much. He gave calomel in ten to fifteen grain doses. Thinks some of his jaundice cases had inflammation of the stomach, and in a few instances this inflammation extended to the bowels also. He uses no tonics, but generally alkalies, followed by calomel.

Dr. Sperry gave it as his opinion that one-half of the people of Hartford have had or are having this disease. He gives large doses (20 grains) of calomel, followed by Epsom salts and tonics, and his cases ordinarily recovered in a few days. One case continued four weeks. Small

doses of mercurials aggravate, while large doses soothe the patient and cure the disease.

Dr. Holton believed the primary cause of jaundice to be the breaking-down of the blood-corpuscles. Thought it singular that it should make its appearance at this season of the year. He treats it with saline cathartics, but thinks his cases may have been milder than those of Doctor Sperry.

The morning of the second day was devoted to the transaction of business, election of officers, etc. The Nominating Committee presented the following list of officers of the Society and delegates to various medical associations for the year ensuing, who were unanimously elected by the Society.

President—William McCollom, of Woodstock; *Vice-President*—Lemuel Richmond, Derby Line; *Secretary*—L. C. Butler, Essex; *Treasurer and Librarian*—Charles Clark, Montpelier; *Corresponding Secretary and Auditor*—C. B. Chandler, Montpelier; *Executive Committee*—O. F. Fassett, C. P. Frost, C. S. Allen; *Committee on Membership*—Kimball Russ, Benj. Fairchild; *Committee on Printing*—L. C. Butler, J. S. Richmond, A. C. Welch; *Delegates to Burlington Medical College*—Benj. Fairchild, S. Putnam; *Committee to assist in making State Registration Report*—C. L. Allen, H. F. Stevens.

Delegates to New Hampshire Medical Society—J. N. Stiles, H. D. Holton.

Delegates to New York Medical Society—O. F. Fassett, L. C. Butler.

Delegates to Rhode Island Medical Society—J. S. Richmond, Samuel Keith.

Delegates to Maine Medical Society—H. Van Dusen, A. M. Brown.

Delegates to Connecticut Medical Society—A. T. Woodward, G. M. Noble.

Delegates to Massachusetts Medical Society—C. L. Allen, H. F. Stevens.

Delegates to Connecticut River Valley Medical Society—C. W. Brigham, Kimball Russ.

Delegates to American Medical Association—L. C. Butler, J. S. Richmond, C. P. Frost, E. Porter, Wm. M. Huntington, O. G. Dyer, F. F. Hovey, E. N. S. Morgan, John Crowley, A. C. Welch, E. A. Pond, Horace Hatch, Wm. McCollom, E. F. Upham, E. D. Warner.

Dr. Benj. Fairchild presented a paper on *Morbus Coxarius*, detailing cases from his own note-book which he had treated successfully with the actual cautery, wooden splint, blisters, and purgatives. The paper was referred to the Publishing Committee.

Resolutions were presented and adopted, earnestly inviting the attention of the Legislature, then in session, to a consideration of the sanitary laws of the State, with a view to make them more efficient, if need be, and pledging the co-operation of the medical profession of the State, in any proper manner, with the officers appointed to carry into effect any sanitary regulations which the Legislature may adopt. A copy of the resolutions was laid before the Legislature, and appropriately noticed.

Dr. Ketchum read a very interesting paper on *cerebro-spinal meningitis*, embodying the results of his own observation and practice, in a large number of cases of this disease. The paper will appear in the Transactions.

The subject of *sciatica* was then introduced by the President—a case of the disease having been presented before several members of the Society—as a subject for discussion.

Sciatica.

Dr. Russ, of Pomfret—who by the way is a physician of long standing and large experience, always present at the meetings of the Society, and ready to participate in the discussions—treats the disease with blisters to the limb, and sulphur as a laxative, applying turpentine in mild cases.

Dr. Paine, of Montpelier, gives veratrum viride in doses sufficient to control the pain within four hours. Under this treatment his patients recover speedily and permanently. If the patient is costive, he would use laxatives and purgatives, but he can think of no form of the disease not amenable to veratrum. He prepares his own tincture, and gives as a medium dose, 20 drops of the saturated tincture, from the fresh green root, and repeats it as often as the effects pass off; perhaps three times in the twenty-four hours. Has never observed vomiting from the use of this preparation. In a severe attack of *rheumatic fever* upon himself, he took 20 drops of veratrum every twenty-four hours, for one and a half weeks, which entirely relieved him of the pain.

Dr. Crandall, of Burlington, related a case of sciatica, which occurred under his observation, in the hospital at Burlington, which he treated by subcutaneous injections of morphia, with admirable success. The patient speedily recovered, and went to the front.

Dr. Fassett treats the malady with subcutaneous injections, but merely and only to relieve pain; not as a remedial measure. He prefers this treatment because it relieves the pain sooner than any other remedy or application. Dr. Fassett detailed a case of a mother who had articular rheumatism for six or seven months previous to her confinement, in which the child was born with limbs perfectly immovable. A few days after birth the limbs were capable of slight motion, but the child evinced severe suffering upon every attempt at motion.

Dr. Ketchum believed sciatica to be a constitutional disease, and hence he would use the subcutaneous injection for a local and temporary purpose only. The acute form of the disease is best treated by veratrum and aconite; the chronic form by heroic doses of carbonate of iron; say one teaspoonful.

Dr. Rublee endorses the idea of its being a constitutional disease; finds the digestive organs at least functionally deranged. His treatment would be similar to that of Dr. Ketchum.

The semi-annual meeting of the Society is to be held at Brattleboro' on the second Wednesday and Thursday of June, 1866.

The meeting of the Society was largely at-

tended, and its sessions throughout interesting and profitable. The President's address was delivered on the afternoon of the first day, in the Hall of the House of Representatives; was one of the best ever delivered before the Society, and was listened to with attention and interest rarely elicited on similar occasions. The publication of the Transactions of the Society gives new zeal to observation and investigation, affording assurance that the labors of the fraternity in improvement and progress will be appreciated, and rendered serviceable to the common interest.

Editorial Department.

Periscope.

Division of the Pneumogastric Nerve in Man.

Dr. David W. Cheever, one of the visiting surgeons of the Boston City Hospital, relates in the *Boston Medical and Surgical Journal*, three cases of cut-throat, in one of which, that of a woman, 39 years of age, whose throat was cut by her husband, and who eventually died, six weeks after the injury, the right pneumogastric nerve was severed. In regard to this lesion, Dr. Cheever remarks that the results following the section of the pneumogastric were trivial, when compared with those recorded by physiologists from their experiments on the lower animals. But he wishes it to be borne in mind that in such experiments *both* pneumogastrics were divided, while in this case the right only had been severed. It was divided below the point where the superior laryngeal is given off, but, of course, cut off all action of the recurrent laryngeal. Now the more important consequences of the division of both, as recorded by Dr. Dalton, are, 1st. A wheezing and difficult inspiration, produced through the recurrent laryngeals by paralysis of the larynx and falling together of the vocal cords. 2d. A diminished frequency of the movements of respiration, followed by passive engorgement of the lungs. 3d. Digestion is interfered with, and food accumulates in the œsophagus, owing to its paralysis, and is regurgitated. Death takes place from failure of the respiration, which grows gradually slower and slower. After death the lungs are found solidified, but not like ordinary inflammatory hepatization. They are shrunken, leathery, and non-crepitant, of a purple color, and sink in water. In short, they present the appearances of passive congestion, continued for a considerable length of time.

In Dr. Cheever's patient, evidences of these changes were carefully looked for. The respiration was noted, and the lungs examined daily by Dr. Buckingham. No paralysis of the larynx or œsophagus occurred. There was no marked diminution of respiration. But there were evidences of passive congestion of the lung on the injured side, and not on the other. Three days after the injury the pulse was 100, respiration 16. Expiration was longer than inspiration, with an asthmatic wheeze. Six days later the respiration was 24, and the pulse 124. There was considerable dulness over upper part of right back. The next day respiration 24, pulse 120. Upper two-thirds of right back dull on percussion; bronchial respiration and bronchophony marked. Two days later, these symptoms were passing off, and the air entered the lung more freely. This obstruction was so entirely temporary that after death both lungs were found alike œdematous and adherent to chest, but no other changes existed.

The Rattlesnake Poison.

To ascertain the power and amount of this poison, Dr. Dearing performed the following experiment:

The snake was a very large and vicious one, and very active at the time. He took eight half-grown chickens, and allowed the snake to strike at each, under the wing, as fast as they could be presented to him. The first died immediately; the second, after a few minutes; the third, after ten minutes; the fourth, after more than an hour; the fifth, after twelve hours; the sixth was sick and drooping for several days, but recovered; the seventh was only slightly affected, and the eighth not at all.

With my second remaining specimen, I was desirous of performing several experiments as to the action of this poison on the blood. The following is one:—The snake was quite active, and as any one approached the cage, began to rattle violently; but twenty-five or thirty drops of chloroform being allowed to fall on his head, one slowly after the other, the sound of his rattle gradually died away, and in a few minutes he was wholly under the effects of this agent. He was then adroitly seized behind the jaws with the thumb and forefinger, and dragged from the cage and allowed to partially resuscitate; in this state a second person held his tail to prevent him coiling around the arm of the first, while a third opened his mouth and with a pair of forceps pressed the fang upward, causing a flow of the poison, which was received on the end of a scalpel. The snake was then returned into the cage. Blood was then extracted from a finger for microscopical examination. The smallest quantity of the poison being presented to the blood between the glasses, a change was immediately perceived—the corpuscles ceased to run and pile together, and remained stagnant, without any special alteration of structure; the whole appearance was as though the vitality of the blood had been suddenly destroyed, exactly as in death from lightning. This agrees also with another experiment, performed on a fowl, where the whole mass of the blood appeared quite liquid, and having little coagulable power. The physiological action of this poison on animals is probably that of a most powerful sedative, acting through the blood on the nervous centres. This is shown by the remarkable fact that its full and complete antidotes are the most active stimulants. Of these, alcohol in some shape is the first. (Dr. W. J. Burnett, before the Boston Natural History Society—*Things not Generally Known* and *Dental Cosmos.*)

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 25, 1865.

ENLARGEMENT AND INCREASE OF PRICE.

The pressure of literary material on our columns makes it necessary to announce an increase of the size of the MEDICAL AND SURGICAL REPORTER. This increase, together with an improved external appearance, will take place from the first of January next; from which time the subscription price will be FIVE DOLLARS per annum. The cost of paper and labor seem to be permanently fixed at high rates, and we are compelled to accept the situation, and graduate our subscription rate accordingly. If these expenses lessen, or a liberal support justify it, we shall be enabled to further enlarge the work, or expend more on the literary department, or perhaps do both.

☞ *All advance payments made prior to January 1st, 1866, will be credited at the present rate of $4 per annum.* Payments made *after* that date, will be credited at the rate of $5.

NEW LITERARY ARRANGEMENTS.

As one of the results of the settlement of our national difficulties, and the return to civil life of some of our old collaborators, we are enabled to announce the consummation of an excellent arrangement by which we shall hereafter maintain a close editorial connection with the city of New York. This arrangement will include, besides editorial observations, regular intelligent reports of the proceedings of the New York Academy of Medicine, the Pathological Society, and correspondence on medical matters in and near the metropolis. We are also endeavoring to secure good clinical reports from that city. These, with the clinical reports from this city and Baltimore, and the reports of the meetings of the Philadelphia County Medical Society, in addition to our ordinary arrangements will enhance materially the value and interest of the REPORTER. These arrangements are *very costly*, but, we doubt not, the profession will sustain our enterprise with such liberality that we shall be enabled to meet the heavy outlay without embarrassment. Aside from our own labor, our present plans will call for a cash outlay of from thirty to fifty dollars a week on the literary department of the REPORTER alone.

"WHERE SHALL I LOCATE?"

We regret to see so many of the volunteer surgeons and assistant surgeons who have been recently mustered out of the military service, settling down in the larger cities and towns of the Northern and Eastern States. Three-fifths of them, after expending all their available means in the effort to establish themselves, will fail, and then be obliged to seek other locations. There are hundreds of excellent locations throughout the West and South, where physicians of education and tact can build up a paying practice in cities and towns that are destined before many years to rival any others on the continent in population and wealth. All the indications point to the rapid growth of the West and South in population and wealth, partly at the expense of the population of the Northern and Eastern States. Let our friends turn their attention to these new fields of energy and enterprise betimes, and they will be the gainers by it.

CHANGE OF TYPE.

Either the science of medicine is progressive, or it is not. If we know more about anatomy, chemistry, physiology, and the action of medicine, than did our forefathers, is it not logical to presume that our practice has become more correct, more in accordance with true principles in the exact ratio of our more correct knowledge of the structure of man, the functions of life, the phenomena of disease, and the action of various agents upon the body?

There is a class of men who decry such plain statements of truth as *irreverential* towards our predecessors in medicine, and a quarterly medical Journal in this country quotes a sentence from Dr. STOKES' late address before the British Association, with apparently the utmost satisfaction, when he says: "There is no more decided evidence of an unexpanded mind in our profession, than the decrying of knowledge and usefulness of our predecessors."

We fear that a denial, a constitutional aversion to *acknowledge the errors of the past* are positive signs not only of an unexpanded, but of a *permanently* and *incurably contracted mind.* Who denies that our forefathers in medicine possessed knowledge and were useful? NOBODY. It is only claimed that they did not possess an amount of knowledge which enabled them to become as useful as they might have been had they lived fifty or a hundred years later. Will old fogyism forever continue to worship before the shrine of the past and refuse to acknowledge that medical science is progressing? Is it claimed that it was a *change of type* in disease, which induced physicians a hundred years ago to abandon monkeys' excrementa, the ashes of burned snakes, and other ridiculous things in the treatment of disease? It might be urged with the same degree of plausibility, as change of type is invoked to justify the wholesale spilling of blood by the lancet in former days. A hundred years hence those who follow us in the practice of the healing art will probably have reason to find fault with *us.* Do we claim infallibility that we put our-

selves up as idols to be worshipped by future generations? O human vanity!

We are glad to see that this dangerous and absurd doctrine of change of type finds very little foothold on this side of the Atlantic, and whenever we find one who denounces those who deny the truth of the change of type doctrine as *irreverent*, we are pretty well convinced that such denunciation originates from that peculiar mental eyesight sometimes found, which sees truth and knowledge only in the past, and is blind to the present.

Notes and Comments.

Cholera.

Doctor Alfred C. Post has presented to the Council of Hygiene of the New York Citizens Association, a report from which we lay some extracts before our readers, which are interesting, both on account of the matter they contain, and the eminent position occupied by the gentleman from whom the report emanates:

"There is an impression extensively prevailing in the community that the medical profession is to a great degree ignorant of the laws which govern the prevalence of cholera, and of the means by which the disease may be warded off, or by which it may be cured. I regard this impression as being essentially erroneous, as there are no other epidemic diseases which are better understood by the profession, and no others which are more amenable to preventive or curative treatment, when judiciously employed, than the epidemic cholera. There are two factors whose joint agency is essential to the prevalence of this pestilential disease. The first is an epidemic influence which is widely diffused over continents and oceans, and of whose essential nature we are entirely ignorant. But we are acquainted with some of the laws which regulate its progress. We know that it moves with great rapidity, and that it is conveyed along the ordinary channels of commerce and business intercourse by ships, and by moving bodies of men. As to the essential agency by which it is conveyed from place to place we know little or nothing. It is supposed by some physicians to be contagious, while others deny altogether the existence of any contagious property. It certainly does not obey the laws which govern the prevalence of other diseases known to be contagious, and physicians, who are peculiarly liable to be attacked by contagious diseases, are remarkably exempt from attacks of cholera. The epidemic influence, although it is an essential agent in the production of cholera, is not of itself sufficient to produce the disease. A second factor, operating in conjunction with this influence, is absolutely necessary to the production of the disease. This factor may be any local cause vitiating the purity of the atmosphere, and thus undermining the health of the community, or any personal indiscretion, leading to severe irritation of the alimentary canal. There are many incidents occurring in connection with the prevalence of Asiatic cholera, which show that the epidemic influence is much more widely diffused than the actual prevalence of the disease. Filth and the overcrowding in the dwellings of the poor are the principal causes which coöperate with the epidemic influence in giving malignity to the disease, and in swelling the number of its victims. In towns and villages where these local causes of disease exist, the cholera exerts its destructive power, while the intervening rural districts are in a great measure free from the disease. And yet these rural districts are under the same wide-spread epidemic influence, as shown by the fact that cases of the disease occur here and there, where a solitary farm-house is exposed to the emanations from an open drain or cess-pool, or where it is subjected to the influences which produce intermittent and remittent fevers, or where an individual is guilty of great indiscretions in diet, as in gorging the stomach with sour-krout and buttermilk. If these local and personal causes of the disease are obviated by strict attention to cleanliness and ventilation; if efficient measures are instituted to secure proper drainage of the soil, and the removal of all sources of noxious emanations, and if the laws of health are generally obeyed throughout the community, the epidemic influence may pass over this continent, but its visitation will be harmless, like that of the destroying angel to the dwellings of the chosen people, whose lintels and door-posts had been sprinkled by the blood of the paschal lamb."

In regard to the plans proposed to limit the "destructive progress of cholera in the midst of the dense masses of the population" of New York, Dr. Post says:

"1 would urge the city authorities to whatever can be accomplished by them in purifying and cleansing the streets and yards, the cess-pools and privies of the city, and the dwellings of the poor. I would urge them to remove every nuisance which has a tendency to vitiate the atmosphere of the city, and to increase the ravages of a pestilential disease. But in addition to all that may be done by the public authorities, it is highly important that the citizens should organize a regular system of house-to-house visitation, which should be continued throughout the whole prevalence of the epidemic. For this purpose the city should be divided into districts, each of which should be placed under the care of a visiting physician, who should be responsible for the visitation of every poor family in the district, at least twice every day, while the disease is prevailing. One object of these visits should be to inspect the sanitary condition of every apartment, and of its surroundings, and to give such advice as may be needed with reference to any matters by which the health of the inmates may be improved. Another object should be to ascertain the existence of any cases of diarrhœa, or of the more advanced stages of cholera, and to furnish such advice and remedies as may be needed to check the progress of the disease. If this plan be effectually carried out, I have no doubt that it will exert a most powerful influence in arresting the

progress of the disease, and in diminishing the number of fatal cases. The thirty-one districts into which the city has already been divided by the Council of Hygiene, will form the basis of the system of visitation which I have proposed. I would recommend that the Council of Hygiene be authorized to employ a well-qualified medical man for each of these districts, to be on duty from the beginning to the end of the epidemic. I would also recommend the selection of three assistants to each visiting physician, to aid him in the performance of his duty, wherever the disease shall prevail to such an extent as to render their services necessary. It is quite probable that in some of the districts there will be no occasion for the employment of either of these assistants, and that in others only one or two will be required. But it will be desirable to select the full number, to be prepared for any emergency which may occur, it being understood that the assistants will be compensated only for such time as they shall serve under the direction of the Council of Hygiene, or of the visiting physicians.

"I also recommend that in every district a dispensary shall be established, where persons affected with diarrhœa or cholera may receive advice and remedies at any hour of the day or night. Disinfectants should also be supplied liberally whenever they are needed, and they should be freely applied to privies, cess-pools, drains, gutters, garbage boxes, and all other sources of impurity.

"Receptacles for the bodies of the dead should be provided in different parts of the city, and the bodies should be removed to them at an early period after death.

"Houses of refuge, or tents, should be provided for the temporary accommodation of the occupants of tenement houses, while their own apartments are undergoing purification, when such purifying processes are necessary.

"I would not recommend the establishment of cholera hospitals, as experience has shown that the mortality of the disease is increased by removing patients from their own dwellings, even when they are surrounded by unfavorable hygienic circumstances. This increased mortality may be due to the delay of treatment, to the exposure and fatigue of transportation, and to the mental depression induced by it. It would, however, seem desirable to remove to houses of refuge persons attacked with premonitory diarrhœa, while living in decidedly unhealthy localities.

"The estimated expense of the proposed system of visitation, including medicines, disinfectants, etc., is about fifty thousand dollars."

This plan should be at once adopted. Even twice and thrice the amount will be a cheap expenditure, in view of the benefits to be derived from it.

Wm. Warren Green, M. D., Professor of Surgery in Berkshire Medical College, has recently been appointed to the same chair in the Medical School of Maine, in place of Professor Conant, deceased.

The Protective Power of Vaccination.

In a business note, Dr. W. T. Taliaferro, of Cincinnati, says: "The cause of so many vaccinated persons subsequently having small-pox is the deterioration of the cow-pox by passing from arm to arm. * * Vaccinations performed from the cow direct I consider a perfect protection. I was vaccinated in 1805 by a travelling English gentleman, and have since witnessed severe cases of small-pox, while a student in Philadelphia in 1818 under Physic, and in 1819–20, under Dorsey; again, under Mott in New York in 1824–5. I dissected a case deceased of small-pox in New York, and have attended many cases since, without an attack of the loathsome disease. I have attended many who had been vaccinated who were subsequently attacked by confluent small-pox."

The Reason Why.

The editorial reviewer in a recent number of a quarterly American journal of medicine finds it remarkable that Prof. Syme and Mr. Spence, in recent addresses before the British Medical Association, ignore the doings of American surgery.

We do not find it remarkable. In the same number of the same journal, the foreign department in editorial abstracts is represented by 113 pages,—the domestic summary by *two* pages and fifteen lines! We never knew a man respected by others, who did not respect himself, and American medicine and surgery will be *ignored* abroad in the same ratio as we show our dependence on foreign medicine and surgery.

I observe my name attached to a circular issued by G. T. Barker, dentist, on the subject of the nitrous-oxide gas. Such a use of it is altogether unauthorized. D. Hayes Agnew, M. D.

The Government Cholera Hospital at Sandy Hook.

Brevet Col. C. S. Tripler, Brevet Col. W. J. Sloan, Surgeons, U. S. A., and Brevet Col. A. H. Hoff, Surgeon, U. S. Vols., have been appointed a Board to act in conjunction with Dr. J. B. Jones, Health Officer of Brooklyn, and Drs. John Swinburne and Lewis A. Sayre, of New York, to examine and report fully upon the most desirable location for a hospital on the Government lands at Sandy Hook. The selection will be made with due reference to the safety of our troops stationed there, engaged in the construction of fortifications.

New Jersey presents a vigorous protest against any such proceedings. It strikes us, however, that New Jersey, with her immense population in the immediate vicinity of the great city of New

York, is quite as much interested in this matter as that city itself.

Dr. Chapman's Treatment of Cholera.

Seven cases of "successful (?) treatment by cold and heat along the spine"—of cholera in Southampton are related by Dr. Chapman in the *Medical Times* and the *Dublin Medical Press*. In reading these published cases carefully, we come to the following conclusions: 1*st Case*. There is no evidence whatever that Case No. 1. was really one of cholera. 2*d Case*. This case appears to have been a very mild one. Recovered. 3*d Case*. Recovered. 4*th Case*. Mild case. No rice-water discharges mentioned. Recovered. 5*th Case*. Recovered. 6*th Case*. Died. 7*th Case*. Died.

Resigned, not Discharged.

In a late number we announced that Dr. Chas. A. McCall, of this city, Ass't Surgeon, U. S. A., had been discharged from the service. Dr. McCall resigned, we understand, after receiving the brevet of Major, for faithful services at the head of one of the largest military hospitals in the country. It is probable that the rest, both surgeons and assistant surgeons, in the same list with Dr. McCall, also resigned.

Correspondence.

DOMESTIC.

Polydactylism.

Dr. Geo. Cowan, of Danville, Ky., in a business note gives the following account of an interesting case of polydactylism.

I saw recently a case of polydactylism in a new born infant, which I will give you a note of as I am writing. I was called to attend in labor a very robust young mulatto woman a few weeks since, the mother of three children, all of whom were born with the usual number of fingers, with the addition of a rudimentary finger, attached about the middle of the first phalanx to each little finger. The child was born before my arrival, and as soon as the placenta had been delivered, this woman called for the child, in order to look for, as she characterized it, the usual mark by which her husband, having been born, as she said, with identically the same peculiarity, always recognized his *own* progeny! It consisted of the third phalanx, very nearly the size of the same part of the little finger, and attached to it by a small fleshy cord or pedicle, about the size of small wrapping twine, through which the nutrient vessels were distinctly seen. The fingers were firm, evidently containing bony formation, and a small but perfect nail on one, and but a rudimentary nail on the other—in fact, each nearly a perfect third phalanx. On examining the man, I found a small scar at the place on the little finger, in which these formations occurred in four of his children. Being himself the child of a white man, he could give no further trace of it in his ancestors, but in himself and his children, it is a constant peculiarity. The man and his wife are both robust, active, and healthy, but the woman is particularly fine-looking, well-developed, and full of animal life. These cases of excessive development in the human ovum are of such ordinary occurrence as to excite no interest and but little discussion, but may they not be of scientific interest enough to keep before the physiologist for solution? At any rate, it seems to me that more study devoted to these exceptional cases, *which are actual facts*, might throw more light on the general laws which govern the origin and development of animal life than many of the labored discussions of vexed questions which have nothing but hypothetical data for a basis. Parallel cases are of frequent occurrence in the vegetable kingdom, and ought to invite more investigation.

Cholera.

The venerable Dr. W. T. Taliaferro, of Cincinnati, survivor of the battle of Lake Erie, Sept. 10, 1813, and of the River Thames, which ended the war in the Northwest, writes in a business note as follows, concerning the contagiousness of cholera: "The cholera is not contagious. It is coming despite quarantines or sanitary commissions. Nothing on this earth can stay the wind or the dreaded epidemic." Dr. Taliaferro has combatted cholera on eight different occasions—in Kentucky, Oct. 1832 and 1833; in Cincinnati, in 1849, '50, '51, '52, '53, and '54. In the latter year, Dr. T. himself had a severe attack of cholera at the meeting of the American Medical Association in St. Louis.

Anæsthesia from the Internal Use of Chloroform.

Noticing an article on chloroform in the Reporter of October 28th, Dr. J. N. Freeman, of Morris, Illinois, late Surgeon 106th N. Y. S. I., writes as follows:

"On the 2d of July last, at the Delavan House in Albany, my brother, J. A. Freeman, M. D., who was with me, was attacked with cholera morbus, with crampings so severe as made him cry out with pain. I gave him various remedies without avail, till at last the urgency of the symptoms induced me to give him twenty-five drops of chloroform internally, and repeat the

dose in about five minutes, when the anæsthetic effect was speedily manifested, rendering him perfectly insensible. Dr. J. V. P. QUACKENBUSH was present before he recovered from the stupor produced by the chloroform, and as the crampings partially returned, advised another dose of chloroform internally, which again produced its anæsthetic effect, after which there was but little return of the crampings, and we were able to resume our journey the next day."

News and Miscellany.

Cholera in Constantinople.

The following graphic account of the cholera in Constantinople we take from the correspondence of the New York *Tribune*, under date of Constantinople, August the 23d:

"Constantinople has thrice before been visited by the Asiatic cholera, but the former visitations have been of small importance in comparison with the present.

Fifty days have passed since its first authenticated appearance in the city, and *not less than fifty thousand persons* have been swept into eternity by its ravages. It reached its height about August 6, when it is supposed that the deaths were not less than *three thousand a day* for several days.

The published report of deaths in the city has never reached this point, but it is known to all, that to prevent a general and uncontrolable panic, these reports have been deliberately falsified. I have made careful investigations upon this point, and am able to speak without fear of contradiction. Take a single day for example, since the decline has commenced. On August 14th the official reports, *as published*, represented the deaths for that day at 279. The official returns, as actually made to the Grand Vizier and as registered in his office, show the deaths on that day to have been 1,689!!—six times the number reported in the published bulletins.

These published statements make the whole number of deaths only about 15,000 At the rate of August 14th this would give 90,000 as the real number of deaths, but this estimate is too large. Since the number of deaths has fallen below a thousand a day, the ratio has been very much less.

Fifty thousand is a fair estimate, including all quarters of the city—the military garrison and the naval contingent. More than one hundred thousand persons besides have fled from the city. This number of deaths, in addition to those who have fled, in a population of a million, has changed the city from a busy mart of trade, to a city of the dead and dying. Whole families have been swept off in a day, and hundreds of houses left tenantless. I know several English familes where the father and all the children have died within a week, I know of a family which conisted of a grandfather, his son, his son's wife and four children. No cholera had appeared in their quarter of the city; but suddenly it came, and in two days left the old grand-father the sole living representative of the family. Certain quarters have suffered so severely that the surviving inhabitants have left their houses, their unburied dead—everything not easily moved—and have fled in dismay to open fields beyond the city.

At certain points dead bodies, in some cases uncoffined and naked, have been literally piled up by scores, waiting transportation to the burial places. One of the cholera hospitals on the old city wall next the sea had a slide arranged, down which the dead bodies were shot into boats to be buried in the sea.

Two weeks ago one could not go into the streets without meeting dead bodies hurried off to burial, and litters with those struck down in the streets at every turn. Even the Golden Horn was covered with boats, carrying each from one to fifty dead bodies. Those were dreadful days—enough to almost overwhelm the calmest and most fearless man. The very sight of all the mourning and terror—of all the dead and dying, for whom you could do so little—was enough to crush the heart. Things are better now. The deaths do not probably exceed 200 a day, and men are once more beginning to breathe freely—to look about them and see who is gone and who is left.

Only one death has occurred in the little American colony here. The youngest son of the Rev. Mr WASHBURNE died two weeks ago after a few hours illness.

The American missionaries have devoted themselves to the care of the sick and dying among the poorer classes, and under their treatment hundreds of lives have been saved. While the average mortality in the city has been about 65 per cent. Of those attacked, under the treatment of the American missionaries the mortality has not exceeded *five per cent.* Or setting aside all those lighter cases which might be classed as cholerine. The mortality under their treatment in these fully developed cases has been only *fifteen* per cent. It is believed that this is a greater success than has ever before been attained in epidemic cholera. I presume that they will publish their method of treatment for the benefit of others. If they do so, I will forward you a copy at once. I think I indicated, in a previous letter, in a general way, what this method is.

The cholera has not followed any known laws in its progress here. It has been supposed that it avoided high and airy localities, but here it has raged with the greatest severity in some of the highest, best ventilated, and most cleanly quarters of the city, where in previous epidemics not a single case had occurred.

Another singular fact is, that the mortality among the Europeans has been much greater since the decline of the disease than it was when it was at its height.

Another fact is, that those who have fled from infected districts, in perfect health, have generally been attacked with the disease as soon as they reached their new, and before that, healthy place of refuge.

It is said that the swallows, and several other kinds of birds, deserted the city at the commencement of the epidemic, and are only now beginning to return—and I believe this to be a fact.

It is also said, that the gilding on the carques

in the Golden Horn and Bosphorus has tarnished, especially in those localities where the cholera has raged most severely.

There has been nothing strange, portentous, or awful in the aspect of the heavens, or the state of the weather, during the epidemic. On the contrary, the summer has been delightful. I have never known more perfect weather in Constantinople. For two months before the cholera came, the health of the city was better than it has been for years, and the weather has remained the same during the epidemic that it was before.

I have carefully read the description of the cholera in "*Wood's Theory and Practice of Medicine*," and it is wonderfully correct, although the treatment of the disease there recommended is not, as a whole, the one which I should recommend. I would not give calomel until after the disease was mastered. Nor would I adopt any one of the courses there suggested in brief, as having found advocates in various quarters."

The Cattle Plague.

The Department of State is in receipt of important advices from the United States Consul at Manchester, England, in reference to the cattle plague. The report represents that there is no abatement of the great plague that has for several weeks past created such alarm in England. The disease threatens to extend to all the agricultural districts in the British Islands. Prayer is now made at morning and evening services in all the churches for the stay of this pestilence. (A copy of this prayer has been received at the Department.) The plague is mainly confined to horned cattle, but has in a few instances broken out with great virulence in flocks of sheep.

The disease is highly contagious, and it may be well worthy of inquiry as to whether there is not danger that it may be transmitted, to the great loss of our country, across the Atlantic.

The Consul urges the absolute prohibition of the importation of foreign stock for a limited period, or, if that is not advisable, the enforcement of a rigid quarantine upon imported animals during the period of danger may probably be proper objects of Government concern.

It is supposed the disease was carried from Russia in imported hides.

Stimulating *vs.* Reducing Treatment.

A foreign paper says the distinguished President of the Royal Academy has had a severe attack of pneumonia and dysentery during his visit to Milan, for which he was treated by three local physicians, by bleeding, blistering, mercury and starvation. After he had been reduced by these means to an alarming state of prostration, Lady Eastlake telegraphed for Dr. Eastlake, of London, who has by a stimulating and tonic plan of treatment succeeded in restoring his relative to convalescence.

Richmond Medical College.

This institution was formally opened on Wednesday evening of last week. Professor R. C. Coleman, one of the Faculty, delivered the opening address. The medical profession were largely represented.

An Old Society.

The Medical Society of the County of Cumberland, N. J., recently held its fifty-ninth anniversary. A large proportion of the regular practitioners of the county sustain these meetings with increasing pleasure and profit in the discussions. This Society is a branch of the venerable State Society which has made arrangements to celebrate its centennial anniversary in January next, it being the oldest medical society on the continent.

Medical Prize.—Expectant Medicine.

One hundred dollars have been placed in the Treasury of the Massachusetts Medical Society, to be offered by the Councillors as a prize for the best dissertation on the following subject, the award to be made by a committee consisting of the President of the Society and four Fellows nominated by him:

. "Expectant Medicine—the extent to which it is practised at the present day, and the modes in which it is disguised or counterfeited."

Essays must be forwarded to the Chairman of the Committee on or before October 1st, 1866, each with a sealed envelope containing the name of its author, in the usual way.

Augustus A. Gould,
Chairman of Committee.

Boston, October, 1865.

In accordance with the above announcement, the following committee has been appointed, namely, Dr. Henry J. Bigelow, Dr. Samuel L. Abbot, Dr. Calvin Ellis, and Dr. David W. Cheever.

The Rain-fall of September, 1865.

Prof. Snell, of Amherst, Mass., states that he has not, during twenty-seven years, recorded so small an amount of rain for a single month as during the month of September last. The water measured only thirty-eight hundredths of an inch.

Reformed Inebriates.

Good accounts are received respecting the workings of the New York State Inebriate Asylum at Binghampton, which has been open for the reception of inmates about a year. Dr Garrison says:

"The doubts which, in the minds of many, attached to the possibility of success in the management of an institution for this unique purpose are being rapidly dissipated; and the devotion, industry, and intelligent perseverance of its noble-minded founders are now being rewarded by the restoration to their families, to society, and *to themselves*, of many of the most intelligent and brightest minds among our fellow-citizens. Men who are neither criminals, lunatics, nor idiots, but who, in consequence of evil associations in early life, or insufficient strength to resist the enticement of the degrading cup, have been reduced to conditions parallel thereto, are here brought to see the errors of their practices, and to feel that they can be restored to lives of temperance, virtue, and usefulness.

Fossil Human Remains.

At the late meeting of the British Association for the advancement of science, which met this year at Birmingham, Mr. PENGELLY exhibited an extraordinary collection of fossil remains of extinct animals and human implements, dug out of KENT'S Cavern in Torquay, England, and gratified the curiosity of the persons present by an elaborate description of them, followed by the reading of a paper on the disputed subject of the antiquity of man. Some of the latest discoveries and speculations are as follows:

"The excavations have been conducted with great care and upon a regular system, and some of the articles found, even on the upper surface, were supposed to represent from one thousand five hundred to two thousand years. The scientific explorers said it was impossible to doubt either the human origin of the implements or their inosculation, in undisturbed soil, with the remains of the mammoth, the cave bear and their extinct contemporaries. As far as their researches had gone they had not, like Mr. GODWIN AUSTEN, found the bones of man mixed up, in undisturbed soil, with those of extinct animals; but there was no improbability in the statement of that distinguished geologist. The committee reminded those who were disposed to attach importance to the fact that men's bones are not forthcoming as readily as their implements: that in the black mould, as well as in the red loam, the only indications of man's existence were remnants of his handiwork. Pottery, bone, implements and ornaments in metal and stone, the remnants of his fires and the relics of his feasts, were numerous, and betokened the lapse of at least two millenniums; but here, as well as in the older deposits below, the committee had met with no vestige of his osseous system."

Sir R. MURCHISON spoke of the great value of the committee's labors, and said he intended to propose a vote of £200 to enable them to continue the excavations.

Sir CHARLES LYELL expressed the opinion that man existed contemporaneously with these extinct animals, and said that those who, after forty years of inquiry and discussion by scientific men, denied this because they had not found human bones also, ought to bring forward some unanswerable objections, adding that the course they were now taking obstructed the progress of knowledge.

Professor PHILLIPS also supported the theory of the contemporaneity of man with the extinct animals, but thought it would be more satisfactory if the exploration of the cavern was continued. Some further discussion followed, in the course of which it appeared that thousands of similar specimens might yet be dug out of the cave, and distributed amongst the various museums of the country. Here is a hint for American collectors.

The collection exhibited is to be presented to the British Museum.

Government Hospital Patients.

The number of sick and wounded in the Government hospitals throughout the country is less than five thousand. Eight months since there were over one hundred thousand patients.

Statistics of Weight.

There were 23,000 persons weighed during the recent Fair of the Massachusetts Charitable Mechanic Association.

The average weight of men was 141½ lbs.

Average weight of women was 124¼ lbs;

Among the number were 152 men weighing 200 lbs., whose average weight was 215¾ lbs., and 31 women whose average weight was 219½ lbs.

The largest man weighed 293 lbs.

The largest woman weighed 274½ lbs.

Secretary STANTON weighed 180½ lbs.

Liberal Bequests for Scientific Objects by a Physician.

The executors of the will of the late Dr. WILLIAM J. WALKER, of Boston, have notified the trustees of the Society of Natural History, the Institution of Technology, and Amherst and Tufts Colleges, that they are ready to pay into the treasury of each of those Institutions the sum of one hundred thousand dollars, as instalments of the legacies bequeathed to them by the will. This is about one half the sum which it is expected each of these Institutions will receive from this source.

Keeping Quarantine.

A noble lady living in a chateau near Aix, which is walled round, has taken measures to prevent the cholera seizing her. The gates have loopholes, and armed peasants, sharing the terrors of their mistress, keep a constant guard. Letters directed to her manor-house are picked up with a pair of tongs and fumigated. Near the gate there is a pavilion where relations and friends pass quarantine, and are fumigated.

Medicine among the Chinese.

A late number of the new series of the *Journal of the North China Branch of the Royal Asiatic Society* contains a paper by Dr. HENDERSON on "The Medicine and Medical Practice of the Chinese." We learn from it that several medical works have been published in Chinese by Dr. HOBSON, at the cost of the British and other foreign merchants. The first volume, that on Physiology, became so very popular, that some persons holding high official rank republished it in Canton. This, in China, is considered an extraordinary mark of respect to the author of a book. Dr. HENDERSON gives a translation of the Chinese editor's preface, which shows that the medical practitioners of that country are by no means so unwilling to be taught as is generally supposed. The editor says: "Viewed as a means of opening up new trains of thought and stimulating the mind to understand the mode of curing disease, the book itself can hardly fail to be of service to the members of the profession, and on this account, therefore, I have been induced to give it a place in my collection, and have endeavored in these prefatory remarks to indicate briefly its merits and defects." These four volumes have also been printed and published in Japan.

French Surgery.

"During my stay in Paris," writes Professor Chares A. Pope to the *St. Louis Medical Journal*, in a recent letter, "there have been six operations for strangulated hernia—two of the patients recovering. Without mentioning names, I will state that in one case the wound was stuffed with lint, saturated with alcohol. The next day after the operation the bowel had re-de-cended, and was found on the thigh of the patient covered with bits of charpie. The *Interne* of the Hospital returned the bowel within the abdomen, lint and all. The patient died the next day.

In another case the surgeon deliberately cut off ten inches of intestine, which, although somewhat dark, was still viable. Having invaginated the ends, and attempted to return the bowel, the surgeon finding still a large opening in his stitches, removed them, and left the parts, in situ, free and unreduced. This patient also died the following night."

MARRIED.

Chapman—Davol.—Nov. 16, at the residence of the bride's father, by Rev. T. L. Cuyler, Edwin N. Chapman, M. D., and Maria B., daughter of John Davol, all of Brooklyn.

Hill—Darby.—Nov. 5th, by Squire Hopkins, James Hill, M. D., and Miss Sarah Darby, both of Delhi Township, Hamilton co., Ohio.

Keir—Blunden.—On the 10th inst., by the Rev. Mr. Martin, W. G. Keir, M. D., late Surgeon Ninety-first Pennsylvania Volunteers and Miss Nellie Blunden, daughter of Mr. James Blunden, both of West Philadelphia.

Kiernan—Sands.—Nov. 15, at the residence of the bride's father, by Rev. Geo E. Thrall, Gen. James Louis Kiernan, appointed United States Consul to Ching Kiang, China, and Harriet Josepha, eldest daughter of Joseph T. Sands, Esq., of Brooklyn.

Gen. Kiernan is one of those who during the late war laid aside the scalpel and took up the sword, which he wielded with so much bravery, that the close of the war found him advanced to the grade of Brigadier-General. Dr. Kiernan was formerly one of the editors of the New York *Medical Press*, an excellent weekly, which was discontinued about the time of the breaking out of the war. Associated with him was was Dr. W. O'Meagher, who also served through the war as a surgeon.

Maubey—Cooley.—At Little Britain, Orange co., N. Y., Oct. 19, by the Rev. G. H. Mandeville, Jerome A. Maubey, M. D., and Fannie A., daughter of Justus Cooley, Esq.

Ray—Cochran.—At the home of the bride, in Hickory, Pa., by Rev. J. C. Caldwell, Alexander Ray, M. D., and Miss Tamar Cochran.

Tweedle—Leadenham.—Nov. 14th, by the Rev. E. T. Swartz, at the residence of the bride's father, Weatherly, Pa., James B. Tweedle, M. D., of Beaver Meadow, Pa., and Miss Mary A Leadenham, of Weatherly

Webster—Riggs.—On the 2d inst., by Rev. C. C. Riggs, D D, at his residence in Clarksville, Pa., L. R. Webster M. D., of Farmington, Ohio, and Miss Lizzie B. Riggs, eldest daughter of the officiating clergyman.

DIED.

Buckley.—In this city, Nov. 15th, Duzane E., son of Dr. W. C. and Sallie E. Buckley, aged 1 year.

Burrell.—In New York, Nov. 17th, after a brief illness, Ann, widow of Marmaduke H. Burrell, M. D., in the 71st year of her age.

Goble.—In Newark, N. J., Nov. 16th, Mrs. Abby L. Goble, wife of the late Dr. J. G. Goble.

Kissam.—At Jamaica, L. I., Nov. 19, George Hoffman Kissam, M. D., in the 55th year of his age.

Roberts.—In Harrisburg, Pa., on the 10th inst., E. W. Roberts, M. D., for thirty five years a practitioner of medicine in that city.

Shippen.—In this city, Nov. 17th, Anna Maria Shippen, relict of the late Dr. Joseph Galloway Shippen, in the 77th year of her age.

Shreve.—Nov. 16th, Ridgway Stockton, son of Dr. J. R. and the late Mattie M. Shreve, aged 6 months and 28 days.

Smith.—At Williamsburgh, N. Y., Nov. 17, James McCune Smith, M. D., aged 52 years.

Yard.—At his farm near Pennington, N. J., Nov. 10, Benjamin F Yard, eldest son of Edmund J. and Jane M. Yard, late Assistant Surgeon 14th New Jersey Regiment, in the 40th year of his age.

OBITUARY.

Samuel Stuart Griffin, M. D.

Died, in Williamsburg, Virginia, on the 19th of December, 1864, Samuel Stuart Griffin, M. D., in the eighty third year of his age.

Dr Griffin was a son of the distinguished Judge Cyrus Griffin, of Va., and Lady Christina Stuart, daughter of the Earl of Trequair, of Scotland.

He was a gentleman of high order of intellect, and of the most finished education, received from European and American Universities. William and Mary, and the University of Edinburgh, were his *almæ matres*. Possessed of fine literary and classical attainments, he was an elegant and forcible writer.

On his return from Europe, where he prosecuted his medical education in the University of Edinburgh, he married Miss Lewis, of Gloucester, Virginia, a lady of exceeding gentleness and loveliness of character, and whom he survived eighteen years.

For more than fifty years he was a practitioner of medicine, and his patients remember, with feelings of obligation, his kindness and medical skill.

Frequently, during his lingering disease, he expressed his faith in the supreme efficacy of the all perfect sacrifice, by which all souls may be ultimately holy and happy. He was a devout believer in the sublime and glorious truths of Christianity.

ANSWERS TO CORRESPONDENTS.

Dr. G. B. C., Hawley, Pa.—Your note was laid aside and has been neglected.

1. "Pulverized water" is water having its particles in a state of very minute division—a fine spray. Take a block of wood two or three inches square, half an inch thick, more or less; two glass tubes, three or four inches long; draw them to a point at one end, having an aperture say, of a line. Adjust these tubes on the edges of the block so that the centre of the aperture of one of them will just reach the edge of the small end of the other tube, and fasten them there. Insert the projecting end of one tube in water, and propel air forcibly through the other. In this way a pulverizer can be extemporized which will often be found useful See Treatment of Croup by Inhalations of Lime water, on page 171 of current volume of the Reporter.

2. In the article referred to, "injections" is used synonymously with "inhalations," the "pulverized" water being the article referred to.

Dr. T. H. D., Emmaville, Pa.—Turnbull on Defective and Impaired Vision, sent by Mail, Nov. 14th.

Dr. W. F. P., Iowa.—The "Banting Mania," or "Bantingism," referred to in a recent number of the Reporter, is a theory for the reduction of obesity by the use of animal food chiefly—the almost entire avoidance of farinaceous and vegetable food. Dr. Banting has published something on the subject, and one of his works has been re-issued in this country, where there is practically less need of such a mode of treatment than in England. There it is exceedingly popular, and is reported to be very successful.

METEOROLOGY.

November	13,	14,	15,	16,	17,	18,	19.
Wind	S. W.	S. W.	S.	S.	S. W.	N. W.	N. E.
Weather	Clear.	Clear.	Clear, haze.	Clear, haze.	Clear, dense fog.	Clear.	Cl'dy.
Depth Rain							
Thermometer.							
Minimum	28°	34°	36°	40°	55°	43°	42°
At 8 A. M.	36	50	47	56	58	51	50
At 12 M.	55	61	60	65	64	47	51
At 3 P. M.	56	62	61	66	66	54	49
Mean	43.75	51.75	50.	56.75	60 75	51.25	48.
Barometer.							
At 12 M.	30.1	30.	30.2	30.2	30.	30.1	30.1

Germantown, Pa. B. J. Leedom.

DEC.30, 1865.

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Original Department.

Communications.

BIOGRAPHICAL SKETCHES
OF
Distinguished Living New York Surgeons.

By Sam'l W. Francis, A. M., M. D.,
Fellow of the New York Academy of Medicine.

No. 16.

Alexander E. Hosack.

Alexander Eddy Hosack was born at No. 63 Broadway, New York City, April 6th, 1805, and has passed much of his eventful life in this metropolis. His father, Dr. David Hosack,* was descended from an old stock of respected ancestors, and married an adopted daughter of Dr. Caspar Wistar. The family consisted of three girls and five boys. Though he obtained the best instructors for his son, he neglected no opportunity that could afford facilities to enlighten the mind of his boy, and accordingly placed him under the efficient Dr. Aydlott, who subsequently became President of an Indiana College, and whose best interests he was wont to consult. Mr. McPharlan also assisted in watching over the mental growth of his young pupil, and by his sage counsels and literary attainments increased the already growing love for general reading and sound principles of scholastic duties. Following these several departments, young Alexander became enamored of the classics, and not a little versed in the acquirement of mathematics. It was during these student days that his father induced him to rise early and read carefully Gregory's Conspectus Medicina; a work that even now, in this age of wisdom and positive knowledge, ranks high in the scale of learning, and instructs the man of reading while it interests the doctor. One of the reasons why it has proved so effectual in its beneficial results, is because it was written *con amore*, and seemed but the imprint of Dr. Gregory's own mind. Before writing it, he is said to have read through Cicero once, and Hippocrates twice.

This close application to books, and other predisposing causes, enfeebled the constitution of Alexander so much that he became too weak to follow out the course of a college life, having been subject to bleeding of the lungs. This rendered a classical education out of the question; so the attention of both father and son was turned to a speedy restoration to health; the sanitary laws of exercise and generous diet. In a few months Alexander determined to study medicine from choice, and accordingly entered the University of Pennsylvania, whence he was graduated doctor of medicine at the end of the session of 1823–4. It is pleasing indeed for him to recall the fact to mind, that he was the last pupil of Dr. Physic, and had been an earnest believer in the aphoristic statements of that genial physician, eminent surgeon, and cordial philosopher, Dr. Gibson.*

Dr. Hosack's Thesis was prepared with care, and though never published, evinced much that was excellent in reasoning, and sound in treatment. The subject was not a trite one—being "Senile Catarrh," and one that is now the topic of much discussion, and many theories. His father had been a graduate from the same Institution, under Dr. Benjamin Rush, and it was this associative feeling that induced him to leave his place of birth and seek instruction from a parent's alma mater. Remaining in the United States only long enough to obtain information as to what was known of medicine and collateral surgery, Dr. Hosack went abroad and passed three years of intense study and close application at Paris. During 1825–6 and 7, he applied himself faithfully, and became a student under the inspiring guardianship of Dupuytren, at the same time that Ricord, a native of the West Indies, and formerly in his father's office, and the celebrated Nelaton were fellow students. He also endeavored to keep up with the hasty strides of scientific Amussat, but was forced to surrender to a tired frame and rebelling constitution; for Amussat was wont to make his students rise at three in the morning and go the rounds of the hospital.

In speaking to me of his experience with Amus-

* See Frank Gross' Medical Biographies. Also, Life of Dr. Hosack, by J. W. Francis, Hist. Magazine.

* Now residing at Newport, R. I, and practising the amenities of life among those who appreciate a learned man.

sat. Dr. Hosack stated, with emphasis and in admiring accents, that "he was the hardest worker he ever saw." It was this constant application and continued comparative study that has placed Amussat on the list of the worthies of this important century. For eighteen months Dr. Hosack was an "externe" in the Hôtel-Dieu, and for one year an "interne," filling the place vacated by Ricord.

The doctor's religious faith has been that of Episcopalian, with him a sort of family creed. On returning to this country, Dr. Hosack commenced the practice of medicine and surgery, and besides the usual treatment of fractures, the amputation of diseased members, and the judicious administration of suitable remedies, he investigated rare cases, and propounded new theories.

One fact alone must ever be worthy of record. Dr. Hosack was the first practitioner in the city of New York who administered ether as an anæsthetic agent during a surgical operation. He had received a letter from Dr. Warren about his friend Eddy, on the subject, and at once made a practical experiment. The patient to whom he gave the ether was rendered insensible to all pain —the operation was successfully performed, and the many physicians and surgeons who were present at this novel meeting, concurred in pronouncing the discovery as sublime and the test most conclusive.* The operations performed by Dr. Hosack during his first experiments with ether were for stone, amputation, and the removal of two breasts. It is rather a satire on humanity at large, that the two joint discoverers of ether, Drs. Morton and Wells, suffered from want, owing to their exertions; the result of trying to derive benefit from this most excellent of boons.

Dr. Morton has made himself nearly a beggar by his labors, and Dr. Wells, the dentist, not only spent much time and money on his pet theory, but made so many experiments by inhaling both ether and chloroform that his mind became seriously affected. He came to New York and degenerated into the vitriol man—that terrible haunter, who was wont to station himself at dusk in some gloomy corner of a public thoroughfare and throw nitric acid on the elegant shawls and silk dresses of the passers by. Of course he was at last discovered and arrested. Lodged in a cell, he gave way to remorse and despondency; severed the left femoral artery with such force that he cut through the adjacent muscles down to the bone; inhaled his beloved anæsthetic, and was found dead, with a red handkerchief thrown over his face.

Dr. Hosack saw him almost immediately after, but it was too late; and one of the greatest benefactors of mankind passed from earth through the assistance of what has saved hundreds from a lingering pain.

Dr. Hosack for many years was attending surgeon of the Marine Hospital, and met with much of an interesting and eminently improving character. He was principally instrumental in originating Ward's Island Hospital.

He first introduced Symes' operation of exsection of the elbow in this country. On one occasion he removed a stone from a man's bladder, that had been the source of a vast amount of suffering for some eighteen years. The patient was married, and though the doctor removed two stones during the first operation, and subsequently several more, he was enabled to have connection with his wife, and was ultimately blessed with another child. This is a rare case, for as a general rule, lithotomy is almost invariably followed by a comparative emasculation, and those afflicted lose their passionate power in a great degree. It has been the doctor's particular aim to operate without dividing the prostate gland, and this with abundant success. The idea is a German one.

The doctor has had many diseases, and been prostrated at different periods of his life, owing to his very susceptible nature, and that peculiar idiosyncracy of some constitutions, which is as dangerous as it is incurable. He has had the yellow fever, been the victim of Asiatic cholera, overcome by typhus fever, and twice nearly lost his life by the destroying effects of bilious remittent fever. Though often overworked by an enlarged practice, the doctor never formed any partnership of a medical character. So happy was his treatment for stone, that in one year he operated with entire satisfaction on eight different patients. One anecdote which the doctor related to me, is exceedingly interesting. A gentleman of much wealth called on him and induced him to remove one of his testicles, for schirrus, the other one having been cut out some time since. The doctor was satisfied that the diseased one justified the step, and did so. Though effectually castrated, the man fell in love with a young lady, said nothing about deficiency, married her, and confessed to Dr. Hosack, a long

* Mrs. Hosack, the doctor's mother, frequently took tea and played chess with Benjamin Franklin, and Priestly, of honorable memory. She it was who informed the subject of the present sketch that Dr. Franklin had been accustomed to amuse the children of the neighborhood by administering ether to them, and letting those not under its influence laugh at their fellow-playmates.

time after, that he had had connection every night for three weeks with a great amount of sensual pleasure; but finding it very exhausting, he had desisted.

On another occasion he removed seventeen calculi from a patient* at one time, in the presence of nine doctors; the stones measuring from the size of a hen's egg to an English filbert nut. The man not only recovered, but outlived the nine doctors. This skill in surgery evinced itself at an early age, for when but nineteen years old, he amputated an arm. On three different patients has he tied the external iliac, and each time with success.

In 1833, he invented an instrument for the purpose of rendering the operation for staphyloraphy more complete in its minutiæ, as the present instruments designed for its cure were more cumbrous and less exact as to results. When his experiments had been sufficiently tested, Dr. Hosack performed the operation on the first case that offered, in the presence of distinguished associates, and was rewarded by acknowledged praise, and the certainty that his method and apparatus were by far the best in use.

For many years, Dr. Hosack turned his attention to capital punishment, and the various modes adopted for inflicting the ends of justice on the sentenced. Especially did he study the subject of death by hanging, and purposely witnessed the execution of many criminals. The result of his examinations was to the effect that they suffered no pain, but gradually became asphyxiated and lost all power of sensation. In one instance, the doctor told me that a mulatto, named Hill, had been sold as a slave to a party in New Orleans, and while on his way to Louisiana, had joined a conspiracy on board the vessel to seize the captain, and if necessary, put an end to his life. He was discovered, tried, and sentenced to be hung. Through the agency of the officiating clergyman, who administered spiritual consolation to the condemned man, Dr. Hosack obtained an interview, and having explained to him his object in making this scientific request, exacted from him a promise to exhibit, as far as consciousness would admit, the state of his feelings as regards suffering while being hung. Dr. Hosack also persuaded the Marshal to permit the prisoner's arms to be bound so loosely that he was enabled to clap his hands if, as agreed upon, he did not feel pain. The day arrived for the public execution, the place was crowded and all in readiness. Dr. Hosack, as attending surgeon, was permitted to take a favorable position, and watch each movement of the dying man—a whispered recognition told him that poor Hill would keep up signals till the last—and at the given word the body of the unfortunate was hoisted up. Instantly, Hill brought his hands together and continued to clap them gently for the space of one minute and a half, at the end of that time he gradually lowered his arms, and, as it were, lost the power of discrimination, his brain being so beclouded by dark blood that he could no longer act voluntarily. A few convulsive efforts, followed by immediate death, at length closed the melancholy scene and life became extinct, at the expiration of nine minutes and a half. Now as it was directly the reverse of what the man would have done if he suffered, or the opposite of the natural motions of the arm if he had left them to their instinctive impulse, this is very decided evidence that no pain was endured, and must prove of great value to the scientific world at large, and the lovers of humanity in particular. It is rare indeed to find a punishment as degrading as hanging, and as merciful in its results.

In speaking of the curious effects of hanging on some persons, Dr. Hosack mentioned to me that celebrated case in Paris, where the mistress of a wealthy nobleman was tried for murdering him. He had been found dead in his room, suspended by the neck. She was the last person seen coming out of his chamber, and every circumstance seemed to point against her as the perpetrator of the crime. But when called upon to answer the charge, she made a statement that not only staggered the court by its singularity, but freed her from punishment, because it was acknowledged by the Judge to be beyond the power of invention to have originated an idea so unparalleled in its uniqueness. This Frenchwoman confessed that the Duke had dissipated so extensively in his earlier days that his passionate desires could not be sufficiently roused by the ordinary methods of erotic stratagem, so that when he wished to have connection, in order to bring about priapism he was accustomed to hang himself gently and gradually, and this produced the longed-for effect. She stated that on the said melancholy occasion he had excited her anger, and she had not cut him down as soon as usual. The consequence had been death. She was accordingly discharged. Here we have an argument, startling in its character, that hanging not only causes no pain, but at least in one instance was adopted for the express purpose of gratifying the cerebellum.*

* At Cohoes Falls, New York.

* Les Causes Celèbres contain something almost as curious.

Dr. Hosack was the first physician to examine the body of Colt after he committed suicide. He had been called upon by the officials of the City Prison to attend the criminal at his execution and pronounce the body lifeless after hanging, but the unforeseen intervention of self-destruction brought about other results. It seems that when Colt found out at the last moment, that is in the morning, that there was neither a possibility of escaping nor the least probability of a reprieve, he induced some friend to send him in a coffee-pot of hot coffee in which a dagger was concealed. He had then sat down, pointed the weapon over the region of the heart, and with both hands driven it in even beyond the handle. For various reasons, Dr. Hosack was consulted by George Griffin, an able lawyer, as to the identity of the body and the chances of Colt's escape. This false theory the doctor exposed at length by a clear and lucid statement, which conclusively proved the fact of his death.*

For several years Dr. Hosack attended Aaron Burr, and was enabled from this close intercourse to learn many interesting facts, and ascertain much that explained what had been concealed from view. Among other things was a singular circumstance that Aaron Burr entertained the idea for years that he received Montgomery in his arms as he fell on the battle-field. On close examination, this has been found to be a mistake.

Dr. Hosack on one occasion asked Mr. Burr if he did not experience at times contrition at having shot Hamilton? Burr looked at him with a marked expression of stern feeling, and said with emphasis, "No, sir; I could not regret it. Twice he crossed my path. He brought it on himself."

Dr. Hosack's favorite branch of practice has been that of general surgery, but on asking him some time since if he would be a surgeon again, I received a comprehensive reply, condensed into the suggestive word, "Never!"

Though he did not take an active part in the armies of the North during the rebellion, Dr. Hosack benefitted many returned soldiers by his sage advice and surgical treatment, and not a few owe him gratitude and life for his courteous assistance in their behalf. One case, in particular, is interesting as an encouraging circumstance. About the middle of the war, a soldier presented himself at the Doctor's office and sought for treatment. He had received a bullet through his chest, which lodged in the scapula. Besides the general inflammation that arises from a gunshot wound, an immense amount of matter, held in the pleural sac, filled up the left side, so that he could with difficulty take a breath, and, on auscultation, the heart was found to be pressed up under the right clavicle. Dr. Hosack at once proposed paracentesis thoracis, and accordingly used a German instrument, most excellent in its adaptability and guarding capabilities against the introduction of air, and drew off one gallon. In all, twenty-two quarts were drawn off, and the man entirely recovered, married, and went to the war again.

Dr. Hosack has operated twenty-three times for stone on different individuals; tied the two carotids for encephaloid tumor, and in one instance cut the portio dura. But especially did he turn his attention to the removal of tumors in the urinary passages of the female. In not a few cases where the seat of the disease was at the extremity, has he amputated the urethra with signal success and permanent cure. For the removal of the tonsils he prefers the bistoury, as being more expeditious and less annoying to the sufferer. He has extirpated the parotid gland three times, and in particular, suggested, invented, and used an excellent method for curing popliteal aneurism by compressing the femoral artery.

A single woman, Irish by birth, was afflicted with scirrhus of the parotid gland, and sought the Doctor's aid. He operated and removed the tumor by ligating both carotids on the same side, for it was soon absorbed. The woman lived eight years and finally died of dropsy. About this time, Dr. Hosack witnessed at the New York Hospital a remarkable feat of agility on the part of a negro who had lost his legs. He made a bet with a man that he could climb to the top of the hospital, by means of the lightning-rod, sooner than the man could run up stairs. Stakes were made, the signal given, and the black sailor won his wager.

Dr. Hosack is very fond of a good segar, but is of the opinion that smoking is exceedingly injurious to the constitution, unless tempered by a guarded moderation. To him are we indebted for the careful investigation of the pustule maligne, which demands immediate treatment and active measures. In speaking of the lancing of carbuncles, the Doctor says, "Open any gland that has matter in it, from a whitlow to an abscess."

LIST OF ORIGINAL PAPERS.

I. Description of an Instrument for the Tying of Deep-seated Arteries. Published in Gibson's

* See a full account of the suicide and circumstances of the case in the *Commercial Advertiser* of that date.

Surgery and Philadelphia Medical Journal. With a plate. 1824.

II. Remarks on the Various Modes usually adopted for the Removal of the Tonsils. See American Journal of the Medical Sciences, February, 1828.

III. Observations on the Use and Advantages of the Actual Cautery, with cases. Read before the Med. and Phil. Society of New York, Jan. 1831, and printed in Amer. Jour. Med. Sciences, May 1831. Philadelphia.

IV. A Memoir on Staphyloraphy, with cases and a description of the instruments requisite for the operation. With plates. Communicated for the Medical Society of the City and County of New York. May 1833.

V. Paper on Sensitive Tumors of the Female Urethra. Vide Gibson's Surgery, vol. 2d, 6th edition, and New York Journal of Medicine and Surgery, July 1839.

VI. Successful Extirpation of a Tumor of the Parotid, with Observations on the Pathology of that Gland. With a plate. New York Journal of Medicine and the Collateral Sciences, March, 1844.

VII. Case of Popliteal Aneurism cured by Compression with a new Instrument. With a plate. Communicated for the N. Y. Jour. Med. and Collat. Sciences, (new series.) July, 1848.

VIII. Three Operations for Encephaloid Tumors of the Antrum and Superior Maxillary Bone, by Tying the two Carotids of the same side, (right,) together with the Division, in one instance, of the Trunk of Portio Dura. Two successful and one fatal. Never published.

IX. Twenty-three cases of Lithotomy by a Peculiar Operation, without Dividing the Prostate Gland. All successful.

X. Pamphlet on Anæsthesia, with cases. Being the first instance of the use of ether in New York.

XI. Pustule Maligne and its Treatment.

XII. Congenital Parasitic Tumors.

XIII. History of the Case of the late John Kearney Rodgers, M. D. 1 vol., 8vo. Pp. 47. New York, 1851.

Carriage for Invalids.

M. Quitzov, of Leipsic, has patented in France a carriage that is air-tight, and so strong that the air may be compressed in it to a density suitable to the necessities of patients who have diseases requiring them to be kept in compressed air, in order to breath effectively. The air is constantly pumped in, as the carriage runs, by a pump which is worked by an eccentric on the axle of the hind wheels.

INSANITY CURED BY CASTRATION.

By J. H. Marshall, M. D.,

Of Cleveland, Ohio.

Upon taking charge of the medical department of the Cleveland City Infirmary in April, 1863, I found in one of the cells for the incurable insane, Mr. J. B. R., a native of Bohemia, a physician by profession, aged 36, who practised masterbation very frequently, becoming exceedingly loathsome in his habits. Notwithstanding this great drain upon his system he was very muscular and athletic, enjoying excellent health, owing, doubtless, to the daily ablutions and frictions of the surface which he practiced upon himself, as well as to his naturally well formed and fully developed system.

Whenever a female chanced to pass near his cell he would go into ecstatics, and would exhaust all his persuasive powers to induce her to come to him. He complained bitterly of being confined, and would make desperate efforts to get out of his cell, attacking his keepers with a power and ferocity that greatly endangered the life of his attendants.

He had been confined successively in the Insane Asylum, County Jail, and Infirmary, for more than seven years, becoming more vicious and dangerous to manage all the time.

I resolved, with the permission of the Infirmary Board, to deprive him of the means of practising his loathsome habit, believing, if it would not restore his reason, it would render him tractable and manageable, and possibly get him into a condition to be used in some position about the infirmary, and thereby made to some extent useful. With this determination the opinion of P. Thayer, M. D. (Professor of Surgery) was obtained, when it was determined to try the effect of severing the vas deferens of each side, which was done on the 20th of October, 1863.

It arrested his loathsome habit for a few weeks, but he got at it again, and was fast becoming as malicious and dangerous as before, when it was determined to remove the the testes, which Prof. Thayer did in the usual manner on the 30th of January, 1864, the patient being under the influence of chloroform.

The incisions healed rapidly and kindly. The patient soon evinced marked evidences of being a changed man, becoming quiet, kind, and docile. About the 20th of April, he was permitted to go into the country with some of his countrymen, where he remained a few weeks, then visited a sister in Wisconsin. This being the first liberty he had been permitted to have in seven years.

In about eight months he resumed the practice of his profession in a western city, where he continued, and it is said he is making a comfortable living, seemingly as sane as he ever was.

As far as my knowledge extends this is the first instance where castration has been resorted to for insanity.

The favorable result of this case, I think, fully justifies the trial of this remedy in cases where masturbation or excessive venery is found to be the cause of the disease.

In the treatment of all diseases, I believe it to be a well settled principle, where we can find the cause of the diseased action, the rational mode of treatment is to remove it if we can, and our patient generally then gets well, but if the cause is permitted to remain, the disease will continue.

NOTES ON THE FEVER THAT PREVAILED AMONGST THE TROOPS IN CAMP BIG SPRINGS, NEAR CORINTH, MISS., IN JUNE, 1862.

By Edward Batwell, M. D.,

Of Ypsilanti, Mich.

Late Surgeon 14th Mich. Vet. Vol. Inf.

Perhaps nothing within the whole range of medical science affords so much ground for reflection to the thinking practitioner as the various types of fever which he is called upon to attend. In addition to the reflections which the varied symptoms urge upon him, taxing all his energies to treat and his utmost skill to combat, he is met on all sides by the query—"Doctor, what sort of fever do you call it?"—and in particular at the present day, every slight indisposition has to be named and referred to some internal organ, which too frequently is dosed, or rather aimed at, but very luckily for our patient, as frequently missed as hit. How fortunate it would be if we could adhere to Watson's classification, so simple and yet so comprehensive, or to the synocha, synochus, and typhus of Cullen—either sufficient for the definition, though they may not be for the "*fashion* of disease." Some time ago, being called to meet a practitioner from the country, previous to seeing our patient, and endeavoring to glean a little of the history of the case, I was amused when he told me that she had "bilioid fever!" and yet there is nothing more out of the way in this classification than in hundreds of others that we daily see in "the books."

After the evacuation of Corinth, and when the army of Rosecrans was in pursuit of Beauregard toward Booneville, a large quantity of rain fell, perfectly saturating the ground, and this was followed by intensely hot weather. The men had no tents and very insufficient clothing, having left blankets and overcoats in their camps around Farmington. No water could be found, except the mud puddles, used alike by men and mules. A few artesian wells were scattered through the country, but the incessant drain on them prevented anything like an adequate quantity accumulating, and kept the owners deprived of their usual scanty supply. The water was strongly impregnated with sulphur, and nothing but urgent necessity would have induced the men to use it. The soil was a red clay, and had large quantities of mica interspersed through it. About the middle of May, a number of the soldiers complained of having chills and fever, which finally settled down into continued fever of a very low type. Low muttering delirium, petechia, subsultus tendinum, extreme wakefulness and debility, with a pulse up to 150, compressible and feeble—all indicated a condition of extreme nervous exhaustion. Not many of these proved fatal, notwithstanding all these unfavorable symptoms.

The order to march came, and the army fell back to Camp Big Springs, near Corinth, and for some days everything seemed favorable toward restoring the good health of the troops. We were encamped in thick woods, had an abundant supply of water, full allowance of rations, and sanitary stores in abundance. About the 25th day of May, an evident increase of illness amongst the men took place. The symptoms were as follows: The man complained of no peculiar bad feeling, but a *tired* enervated condition, a sense of utter prostration, or in other words, the "malaise" of the French writers. The pulse never over 90; the skin cool; the tongue moist and natural; the urinary and alvine secretions regular; no chill, no fever, nothing to indicate anything wrong; the appetite, if anything, was increased; no want of sleep was complained of, nor did a single symptom present itself indicative of diseased action. Despite all this, there was a look about your patient, an expression of face, that firmly convinced you it was not a case of malingering you had to treat. This condition lasted for some days, when restlessness and a tendency to delirium supervened. You could not keep them quiet, move about they would, and nothing but actual force could keep them in bed. The desire to walk about was irresistible, and became more so as the case approached a fatal termination. The patients, from the onset of the disease, had rapidly lost flesh, and the pulse became languid and feeble, but no increase of action or any abnormal condition of the secretions, except these, presented

themselves. This went on from about the 12th to the 20th day, when they seemed to get more quiet and would move around, not so often, but would walk a greater distance, return to their beds and say they felt better, lie down, and in five minutes were *dead*. I lost eighteen cases, and the symptoms varied very slightly, if any, in any of them.

The mortality in other regiments around us was very great also, but the largest number of their cases was sent to General Hospital. Some died on their way there, and caused the issuing of an order directing, "That men in a *dying condition* should not be sent to General Hospital," but I doubt, if the Medical Director had seen these cases, if he could have either diagnosed the disease or prognosed the result. Not having a symptom to treat or an indication to follow, of course, our medication was entirely expectant, or rather *empirical*. Quinine, alteratives, stimulants, and counter-irritants were tried, and did not produce any beneficial result. Purgatives were given, but with no apparent effect, for good or ill. Post-mortem examinations were made, but they failed to develope any lesion, all the internal organs seemed of a healthy character, and nothing indicated diseased action. Amongst army surgeons it was called "typhoid fever," but I failed to trace a single point of similarity of symptoms.

On inquiry amongst the inhabitants, I heard of a local physician, and I immediately sought what his ideas were on the subject. He accurately described it, calling it the "walking fever," and saying, "it was peculiar to that section of Mississippi, and that change of location alone exercised any influence over it." He further stated, "that strangers were more especially attacked, and it generally proved fatal." The latter part of his information, I was sorry to say, I found by sad experience to be correct. The situation of our camps, placed as they were in the very thickest woods, I looked on as prejudical to the health of the soldiers. The life of inactivity they led, the abundance of rations furnished, all tended to engender disease, and I have since felt astonished that so many escaped the baneful influence of these camps. Long experience has satisfactorily proved that a camping ground on an open plain is far more healthy, though not so agreeable or pleasant.

Dr. W. W. Green, late Lecturer upon Surgery in the Berkshire (Mass.) Medical School, has been appointed to the Professorship of Surgery in Bowdoin College, Maine.

Hospital Reports.

Pennsylvania Hospital,
Oct. 12, 1865.

Surgical Clinic by Dr. T. G. Morton.

[Reported by C. R. Morgan.]

Re-amputation for Intense Neuralgia in a Stump. Anæsthesia induced by Nitrous-Oxide Gas.

John McCollom, aged 24, of strumous diathesis, was admitted to the hospital Oct. 12, 1865. He had been serving in the Army of the Potomac. On the 28th of September, 1864, his left foot was carried away by a piece of shell, amputation was performed a few hours afterward, in the inferior third of the leg by antero-posterior flaps. Union progressed favorably for three weeks, although, even during that time, there was an unusual amount of tenderness in the stump, but more especially in the course of the anterior tibial and peroneal nerves. Over the position of the end of the last nerve a hard nodule can be readily felt through the skin, intensely sensitive to pressure, and evidently involved in the cicatrix. Several small nodules can be felt in other parts of the stump. The skin is adherent to the end of the bones and the whole stump has the feeling of hardness, and immediately over the peroneal nerve at its termination, the skin is discolored and has frequently been the seat of ulcerations. The tissues above the stump are healthy, and his general health is good. The nodules are bulbous enlargements of the nerves which are disorganized, and the hardness is due to a deposit of fibrous matter. The only operation that will give him relief consists in a re-amputation higher up, going beyond the diseased nerves. Excisions of these tumors would not be of benefit here, as probably all the nerves are involved.

I use in this case as an anæsthetic, the protoxide of nitrogen, which consists of one equivalent of oxygen and one of nitrogen The gas is carried in various sized gutta-percha bags, having a flexible tube and a hard rubber mouthpiece, with a stop-cock attached, which is placed against the teeth, the mouth being held open by a small wedge. The lips are drawn over the mouthpiece and, the nose being closed, the patient is directed to take a full breath. From twenty to thirty seconds is quite sufficient to induce total anæsthesia.

The patient was put under the influence of this agent in about fifteen seconds, and the amputation performed by making lateral skin flaps and a circular of the muscles, without the slighest pain or unpleasant effect. The operation lasted two minutes.

Dissection of the Stump. Oct. 25, 1865. Dr. Pepper reports that all the tissues in the lower part of the stump were involved in a dense cartilagin-

ous cicatrix. There was marked enlargement of all the nerves, especially of the posterior tibial, which was fully as large as an ordinary sciatic, hard and coarse, and terminating by a fibrous cord with a hard nodule developed about an inch above its insertion into the cicatrix. Both the anterior tibial and peroneal nerves terminated in flattened nodules, directly involved in dense fibrous tissues. The vessels were patulous to within a short distance of the end of the stump.

Microscopic Appearances. In the anterior tibial and peroneal nerves, the neurilemma was very much thickened. The nerve-tubes tortuous with deficiency of the white matter. Numerous small oil globules along the fibres. In the posterior tibial, below the point of second amputation, there was no trace of true nervous structure, the coarse fibres of which the nerves consisted being entirely composed of many bands of fibrous tissues.

Dissecting Abscess of the Leg. Operation; Nitrous-Oxide Gas.

James ———, colored, æt. 15. Received a blow upon the left leg five weeks ago. An abscess has formed, which is about the middle of the limb on the outer side, immediately under the skin. The pus has worked its way in various directions, and has reached the surface by one small orifice at the inner side of the tibia. All this requires is a free incision, laying open the undermined portion. A flaxseed poultice and then some stimulating wash may be applied. Profound anæsthesia was induced by the nitrous-oxide, lasting one minute, and the abscess was freely opened. No unpleasant symptoms followed the use of the gas. Consciousness returned very rapidly. No sickness of the stomach.

Syphilitic Sarcocele. Sloughing of the Scrotum. Removal of the Gland. Nitrous-Oxide.

—— ——, æt. 22. The patient contracted chancre three years ago, which was followed by inguinal enlargement and profuse skin eruption. Ulceration of his nose is a prominent symptom, and the part has assumed the flattened appearance consequent upon the loss of its bony structure. About a year since, the right testicle began to enlarge, became heavy, very hard, and at times painful. Six weeks ago, the testicle increased enormously in size, the skin covering it sloughed, leaving the organ entirely denuded. There is a fetid discharge, which weakens him very much. In this disease we find the organ infiltrated with a yellowish lymph, which is deposited in and around the tubules, finally obliterating the normal structure. The parts here have sloughed to such an extent as to leave no chance for the organ being covered by skin. In consequence of this, the great discharge, and the disorganization of the part, we shall remove it. The nitrous-oxide was inhaled, perfect anæsthesia being induced, an incision was made, running up the cord, which was turned out and divided. The hæmorrhage being controlled with one acupressure needle.

Medical Societies.

PHILADELPHIA CO. MEDICAL SOCIETY.

Report on Cholera.

At a late meeting of the Philadelphia County Medical Society a Committee was appointed to present a report on cholera, which we herewith present to our readers. For point, brevity and perspicuity, the report is to be especially commended.

The Committee present as the sum of all the recorded experience, of those who have been close observers of the spread and development of cholera, that its propagation has been very positively promoted, and its malignancy undoubtedly aggravated, by the presence of filth. By the word filth, the Committee would be understood to mean all and everything which is calculated to render the atmosphere impure. In the category of filth, the Committee include foul slaughter-houses, cesspools and water-closets, obstructed sewers, damp and imperfectly ventilated cellars, and other places where sugar, molasses and other substances prone to decomposition are stored, foul and stagnant gutters, damp and badly drained courts and alleys, bone-boiling and decomposed animal and putrid fat-boiling establishments, and the manufactories of fertilizing agents, into which as a component part of the fertilizer, the decomposed soft tissues of animals enter; the crowding together of large numbers of persons in defectively ventilated and badly lighted factories and workshops. Each of the foregoing is a source of atmospheric contamination, by generating and sending forth large volumes of putrid gases, and productive of one of the conditions which, it is universally conceded, predispose to the attack of epidemic diseases. These sources of insalubrity are, to a very great extent, susceptible of control, or abatement, requiring only manly humane individual enterprise, and the resources which the properly constituted authorities of the city have at their command, to be put into active operation for their removal, and hence, the extinguishment largely of those great predisposing elements to attacks of epidemic disorders. The history of the present cholera epidemic abroad is pregnant with the facts, that its spread and malignancy, its attacks and devastation, have been in exact ratio with the presence of filth, the neglect of personal cleanliness, and the disregard of public hygiene. In the progress of the disease, in no other place, has there been anything like the terrific ravage by cholera, as in Constantinople, notoriously the most filthy city in Europe. Precisely that which took place in Constantinople will repeat itself elsewhere, just in proportion as that great source of atmospheric contamination filth, in its protean forms, shall be disregarded, and prompt and effectual means be not applied, for its control, as was the case in the city referred to.

Among the highest and most important duties of legislators, and those who have confided to them the government of communities, are the

enactment and enforcement of such sanitary laws and police regulations, as shall best secure the health of those communities, who have confided to them their governmental, and certainly, to a very large extent, the control of their personal interests. There are indeed certain vast operations, promotive of health, which can only be carried on by the public authorities, the neglect of which, at all times, is to be deprecated; but at a time, when the evidence is fast thickening, that cholera, in an epidemic form, may visit our city at no very remote day, for the active, vigorous, and intelligent enforcement of sanitary laws and police regulations to be disregarded, neglected, or even delayed, may entail upon the community the most disastrous results. In view of this fact, we have to urge upon the City Councils prompt and energetic action in enforcing fully all the sanitary regulations in regard to the cleansing of the highways, alleys, and by-ways; the enforcement of the laws for the prompt removal of all garbage, the opening and cleansing, at short intervals, of all culvert inlets; the promotion of perfect surface drainage, and an inspection of the docks and wharves along the fronts of the Delaware and Schuylkill rivers, with a view of ascertaining their actual condition, and if found filthy, to have the necessary steps taken to correct the evil. We would further invite the Councils' prompt and energetic co-operation with the Board of Health in enforcing all laws, and in the strict application of all measures calculated to secure the best public hygiene, and thus at once in the most efficient manner to remove from our midst some of the great predisposing causes of epidemic cholera, and measurably prevent its spread, and deprive it of much of its malignancy.

The Committee recognize in the resolutions of the Board of Health, passed Sept. 3d, 1865, the true basis for public sanitary operations, and have to express the hope that the Board will receive all the co-operative support of the Councils it may require, to enable it fully to develope and efficiently execute all its plans for the protection of the community from the destructive influence, etc. of cholera.

The Committee would not be regarded as alarmists, and have to assure those whose business it is to promote public hygiene, that there will be but little else, so efficient, to prevent excitement and keep down alarm in regard to a visitation of cholera, as the prompt and vigorous enforcement of all the sanitary laws, and the bustle incident to the removal of all sources of atmospheric contamination. If, in the enlightened discharge of their duties to place our city in the best possible condition to resist cholera, or to mitigate its virulence, the authorities should encounter from the thoughtless and ignorant, or, worse than all, the sordid and vicious, opposition and fault-finding, they will soon discover that the bane of opposition and fault-finding will have its prompt and comforting antidote, in the endorsement of their course by the wise, the humane, and the just.

The Committee feel that their duty would be only half performed if they did not say to the community that, notwithstanding cholera is a fearful malady, its attacks are not necessarily mortal, and that its fatality can be much, very much diminished by prompt, judicious medical treatment. Indeed, of those who wisely subject themselves to intelligent and skilful treatment at the very dawn of the disease, not only a majority, but a large majority recover.

In order that an attack of cholera may be prevented, the Committee recommend that all pursue their usual occupations, being careful to avoid excessive labor and encroachment upon the usual hours devoted to rest and sleep; to be circumspect in regard to their food, avoiding all articles of diet which they know from experience are likely to produce stomach or bowel disturbances; to observe great regularity in regard to the time of taking meals, and to abstain from eating gross food and articles of diet difficult of digestion at supper; to avoid the use of alcoholic liquors as beverages, and to discountenance the pernicious notion, that they are in any manner preventives of cholera; to live well, and sustain themselves with a mixed diet of wholesome food; to avoid all unnecessary exposure; to pay the utmost attention to the quality and quantity of their clothing, using adequate protection against cold and damp. The Committee have also to urge great attention to personal and domestic cleanliness, attention to the light and ventilation of houses, workshops, places of business, etc., and special attention to cellars and basement-rooms, in removing from them all matter susceptible of decomposition, the free application of lime, and the insuring as far possible in those places, dryness and ventilation.

Without proposing to interfere with rational amusements, or the assemblage of persons for needful religious and secular purposes, the Committee would recommend the avoidance of crowds in illy ventilated halls and rooms, particularly at night. Of equal importance with other recommendations and suggestions, the Committee have to urge upon all, that in the event of the slightest disturbance of the health, all temporizing or procrastination be avoided, and prompt application be made to their medical advisers for treatment.

In an observance of the few suggestions and recommendations we have made, will be found, the Committee believe, great security from an attack of cholera, or if attacked, much freedom from suffering, with increased surety of restoration to health.

The Committee present the following resolutions, to wit:

1. *Resolved*, That, in the opinion of the Society, the time for placing the city in condition to resist the invasion of cholera, and to deprive it of much of its malignancy, is during the absence of warm weather; hence the present is the period when all sanitary measures can be carried on without disadvantage for the time, and with great good for the future.

2. *Resolved*, That the City Councils be respectfully requested to use all the machinery of the municipal government to place the city in the most salubrious condition, and that while we recommend the avoidance of extravagance, we would advise the most thorough and complete application of sanitary measures, regardless of the legitimate cost.

3. *Resolved*, That the Board of Health be respectfully requested to use all its powers in making operative all the sanitary laws which it is authorized to enforce, relying upon an enlightened public sentiment for support in its humane efforts to deprive the threatened epidemic of much of its terrors and virulence.

4. *Resolved*, That the Board of Health be and it is hereby requested to invite the citizens of the different wards to organize associations for the promotion of public hygiene, and invite those associations to appoint block committees, to examine into the sanitary condition of the wards, and that the ward associations report all such matters to the Board, as shall in their judgment require the attention and interference of that body, to secure the best hygienic condition for the city.

The Committee, while recommending an observance of the suggestions it has made for the purpose of preventing cholera, etc., would encourage hope and cheerfulness in the community, and a reliance upon the goodness of the Great Dispenser of all things, that he may bless the means which shall be applied to stay the onward progress, and blunt the malignancy of the pestilence.

A. Nebinger, M. D.
John Bell, M. D.
L. P. Gebhard, M. D.
B. H. Coates, M. D.
Wm. Mayburry, M. D.

PATHOLOGICAL SOCIETY of NEW YORK.

Meeting of November 23d.

Removal of Tumor from Antrum of Highmore.

Dr. Krakowitzer stated that, contrary to his expectation, the patient from whom he had removed a soft sarcomatous tumor of the antrum, (see last report,) was doing well, the reparative process progressing favorably, and as yet no sign of meningitis has shown itself.

Urinary Calculus in a Child.

Dr. Reynolds presented a specimen of urinary calculus of considerable size, removed from a child four years of age. He had been called to see the child on account of inability to urinate. The warm bath and the other usual remedies were resorted to. Finally, on examination, the calculus was found impacted in the penis behind the glans, and by introducing a forceps and the use of a considerable degree of force, it was removed. Dr. Jacobi had mentioned to him that he had removed five calculi under similar circumstances.

Partial Luxation of Lower End of Tibia forward.

Prof. Hamilton showed a specimen of dislocation of the lower end of the tibia forward, with fracture of the malleoli. The peculiar deformity in these cases is a diminution of length in the anterior portion of the foot, while the heel becomes apparently elongated.

Gunshot Fracture of Femur.

Dr. Bradley presented the femur of a man who had died of exhaustion and intense suppuration resulting from a gunshot wound of the thigh, implicating and fracturing the femur. There was considerable callus thrown around, and union had taken place. Surrounded by the callus, however, and pretty firmly held in its position was a sequestrum, several inches in length.

Dr. Krakowitzer stated that the specimen, in his opinion, illustrated one of the principles of treatment of gunshot fractures—that regarding secondary operations for the removal of sequestra. The patient died of exhaustion, diarrhœa, in short, chronic pyæmia, in consequence of the continuous bad suppuration, kept up by the presence of a foreign body in the shape of dead bone. He did not see why a patient under these circumstances should not live, if the sequestrum be removed in time. The rule in these cases is to wait; but if there is much inflammation, bad and extensive suppuration and diarrhœa, secondary operations should not be delayed.

Another reason against such delay is the danger, when the fracture is near joints, of osteomyelitis. The sequestrum can generally, if not always, be removed without destroying the union.

Dr. Bradley also presented a specimen of *aneurism of the aorta.*

Necrosis of Tibia.

Prof. Post presented a specimen of necrosis of the tibia obtained from a child about 12 years of age. The specimen was remarkable on account of the necrosis extending fairly down into the ankle-joint, the tibia being anchylosed with the astragalus. It is seldom that the disease, as in this case, attacks the spongy portions of bone.

Editorial Department.

Periscope.

Ligation of Common Iliac Artery.

Dr. James B. Cutter, of Newark, N. J., relates in the *Amer. Jour. of Med. Sciences*, a case of "ligation of the common iliac artery: sequel of a case of ligation of external iliac artery for aneurism of femoral artery." The aneurism had been produced by a wound inflicted accidentally with the large blade of a pocket-knife in the inner side of the left thigh, about two inches below Poupart's ligament, the blade entering the femoral artery and vein near the origin of the profunda. He never experienced any trouble in consequence until about seven years after the receipt of the injury, when the existence of an aneurism became plain, and rapidly growing, the external iliac was ligated Feb. 6th, 1864.

Relief was at first experienced, the enormous

swelling and distension of the leg yielding; but a few months later, (in June,) returned and gradually increased, rendering his suffering extreme, so that, on September 17th, ligation of the common iliac artery was decided upon. He died September 21st, from peritonitis. On making the autopsy, "the whole surface of the peritoneum was found coated with lymph, and there was a small collection of serum. The lymph in some places was in flakes; in other situations it was the consistency of thick gruel, closely resembling pus."

During the operation, the fascia transversalis had been found firmly fastened to the peritoneum, "which was very much thickened, and firmly adherent to the surrounding parts. It had been impossible to separate the peritoneum from the iliac fossa. *The peritoneal sac was therefore opened*, and the artery secured in that manner."

Action of Digitalis and Ergot Combined.

Dr. Charles O'L. Ronayne publishes in the *Dublin Medical Press* an article on the "Action of digitalis and ergot combined," from which remedies he has derived great benefits in the treatment of many renal and cardiac maladies. He claims for the two remedies combined, sedative, tonic, and hæmostatic action. In one case, of a young man suffering from mitral valve regurgitation, complicated with general and pericardiac effusion, and who during an attack of subacute rheumatism was seized with severe heart symptoms, great anxiety, precordial distress, dyspnœa, sleeplessness, frequent faintings, fluttering, and irregular pulse, occasional hæmopthysis, with general dropsy and some pericardiac effusion,—the symptoms were all speedily relieved by ten to fifteen drop doses of the tincture of digitalis and ergot combined, thrice daily. The combination is also recommended in cases of chronic bronchitis and bronchorrhœal asthma; the ergot Dr. Ronayne supposes to act on the muscular coating of the overloaded capillaries, whilst the digitalis lessens the driving power of the heart. He has also derived marked benefit from the combined administration of the remedies in cases of deficient menstruation, with distressing palpitations, occurring in nervous or hysterical females. If the medicines be given a week or ten days before the catamenial period, and a few hip-baths the days immediately preceding, after a short time decided relief will be experienced, the menstruation becomes healthier, the palpitations cease, and any wandering pains in the back or legs pass off. The same symptoms occurring in leucocythæmic females, or even complete cessation of the menstruation, with œdema of the extremities, pallid greenness of the face, loss of appetite, with distinct bruit de diable over the carotids, these will be very much benefitted by the administration of the drugs; and if, at the same time, iron be given and no organic disease be present, a cure will be effected.

The tinctures of these articles the author considers the best preparation, but complains of the inequality of their strength and the uncertainty of their action. The best way of obtaining the active ingredients of such plants as valerian, digitalis, buchu, ergot, etc., he considers to be by a double process, first of alcoholic extraction, and then of aqueous maceration. The plant is first infused in absolute alcohol, after a time expressed and filtered; in this way the oils, resins, etc., are obtained; the residue is then macerated in boiling water, which dissolves out the gums, salines, and extractive matters. The two solutions are then mixed, and thus a pure, certain solution of the constituents of the drug is procured.

Danger of Subcutaneous Injections.

Prof. Nasbaum, of Munich, suffering from neuralgia, had frequently injected morphia under his own skin, sometimes to the extent of five grains in twenty-four hours. Two months ago he injected two grains of acetate of morphia dissolved in fifteen minims of water, and accidentally sent it direct into a subcutaneous vein instead of into the cellular tissue. He gives a graphic account of his dangerous position for two hours, after which the effect passed off. He has seen similar effects in a smaller degree in two of his patients, and the practical lessons are, that as it may be impossible to avoid veins at all times, and one may be punctured unawares, subcutaneous injection should always be done *very slowly*. The effects are so instantaneous that the syringe can be stopped at the first sign of danger, and some of the injected fluid mixed with blood may be sucked out again by the syringe. It is very remarkable how the effects of the same dose of the same substance differ when directly injected into a vein and mixed with the venous blood, and when they filter into the blood from the cellular tissue through the unbroken coats of the vessels.—*Med. Times and Gaz.—Dublin Med. Press.*

Poisoning by Veratrum Viride.

Dr. J. B. Buckingham, of Bloomville, Seneca county, Ohio, relates the following case in the *American Journal of Med. Sciences:*

H. C——, an adult who had been taking fluid extract of valerian for some nervous derangement, stepped into a drug store, picked up a bottle, thinking it was valerian, and took a swallow, and passed it to a friend, (a lawyer) remarking, take some of this, it will improve your oratory. The latter, being ambitious, also took a swallow, and soon after left the store. In about half an hour afterwards, I was hastily summoned to see the *orator*, whom I found in the following condition: Almost speechless, retching and vomiting incessantly, bathed in profuse cold perspiration, pulse scarcely perceptible in the radial artery. I administered at once a full teaspoonful of laudanum, after which there was no more vomiting, pulse increased in strength and volume, followed by a quick recovery. This was the only medicine given; whereas in the case of H. C——, who took no laudanum, the vomiting continued for some hours, with total loss of speech and locomotion for some time. Each had taken about a teaspoonful of fluid extract of veratrum viride.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 2, 1865.

ENLARGEMENT AND INCREASE OF PRICE.

The pressure of literary material on our columns makes it necessary to announce an increase of the size of the Medical and Surgical Reporter. This increase, together with an improved external appearance, will take place from the first of January next; from which time the subscription price will be Five Dollars per annum. The cost of paper and labor seem to be permanently fixed at high rates, and we are compelled to accept the situation, and graduate our subscription rate accordingly. If these expenses lessen, or a liberal support justify it, we shall be enabled to further enlarge the work, or expend more on the literary department, or perhaps do both.

☞ *All advance payments made prior to January 1st, 1866, will be credited at the present rate of $4 per annum.* Payments made *after* that date, will be credited at the rate of $5.

NEW LITERARY ARRANGEMENTS.

As one of the results of the settlement of our national difficulties, and the return to civil life of some of our old collaborators, we are enabled to announce the consummation of an excellent arrangement by which we shall hereafter maintain a close editorial connection with the city of New York. This arrangement will include, besides editorial observations, regular intelligent reports of the proceedings of the New York Academy of Medicine, the Pathological Society, and correspondence on medical matters in and near the metropolis. We are also endeavoring to secure good clinical reports from that city. These, with the clinical reports from this city and Baltimore, and the reports of the meetings of the Philadelphia County Medical Society, in addition to our ordinary arrangements will enhance materially the value and interest of the Reporter. These arrangements are *very costly*, but, we doubt not, the profession will sustain our enterprise with such liberality that we shall be enabled to meet the heavy outlay without embarrassment. Aside from our own labor, our present plans will call for a cash outlay of from thirty to fifty dollars a week on the literary department of the Reporter alone.

ALCOHOL.

In the perusal of our late European exchanges we have noticed the discussion of several questions, either in the journals or in medical societies, which it seems to us useless to discuss, at least in the shape in which they are brought forward.

Thus, for instance, our friends of the *British Medical Journal*, the official organ of the British Medical Association, is editorially and by its correspondents discussing the question whether "Alcohol is Food or Physic?" Can the physiological questions involved in the consideration of the relations of alcohol as a dietary or therapeutic agent be put in a form more vague than this? And can we expect to arrive at any but vague deductions in its discussion?

To justify our criticism, it is to be remarked, in the first place, that no sane man has ever claimed or ever will claim for alcohol pure, any position among the articles of nutrition, and any discussion which is based upon the physiological effects of strong undiluted alcohol, is of no practical value, because those who claim it to be food, claim it to be so only in its natural diluted forms. And suppose it is proved satisfactorily, as we believe it has been, that the various alcoholic beverages which have been in use among mankind during the last four thousand years, possess no value as real food, (and by food we understand assimilable articles,) still the question remains open—Why it has been that man has clung with such tenacity to the use of these articles?

The instincts of mankind frequently are beyond mere explanation of abstract reason and the deductions of science—sometimes even running exactly contrary to these deductions. Science may prove that neither wine nor any of the fermented liquors possess any value as articles of food, yet we do not believe that such demonstration has in the least degree lessened their consumption. This consumption, in all ages and amongst all classes and nations, has never been based upon the ground that wine or beer are food; but people have used and consumed them simply on the ground of gustatory preference and the pleasant effects which they yield. It is from this point of view that the philosophical inquirer will study the history of the drinking habits of man, and if he can determine the *real cause in the nature of man* which has led him to the extensive use of wine and its various substitutes, he will also be able to solve the question whether that use was justified by the physical or moral nature of man, or resulted in toto from his *depravity?*

The question of the benefits or evil effects of alcoholic beverages, then, is not a matter concerning their chemical nature and action upon the gastric juice and the lining tissues alone, but a question involving the whole nature of man, physical and moral, of habits of social life, and we do not think that we are far from the truth when we state that as yet we know very little of the question. It may be perplexing to think, when we are convinced that the use of alcoholic beverages is injurious *in toto*, that we can assign

no proper reason why mankind from its earliest infancy should have adopted, so universally, an injurious habit, but the fact is undeniable, and we must fight the enemy, if we fight him at all, on his own historical battle-ground.

But we do not intend to enter into a discussion of the general question of alcoholic beverages on this occasion. It is their medical use which concerns us most.

It is a fact well known by every one of our profession, that during the last ten or fifteen years the use of alcohol, mainly in its stronger forms, has become amazingly frequent, and that in the treatment of many diseases it enters as one of the chief agents, and that such practice is strongly advocated by some of the most eminent members of the profession. Milk punches and egg-nogs form in many a sick room the main reliance of the practitioner, and it is really a most serious question, whether we are not doing, on the other side of the house, the same thing which our predecessors did, *i. e.*, run *into extremes*. They *over-bleed* and over-debilitated. Does it not occur to many of our readers that there is too much tendency, in our day, to *over-stimulate?* It is our conviction that such is the case, and while none can be more willing to admit the efficacious effects of alcoholic stimulation in low fevers, we feel it our duty to protest against a practice of almost indiscriminate stimulation, which bids fair to become the great error of medical practice of this generation.

In this view we do not stand alone. At the recent discussion on pneumonia, in the Academy of Medicine in New York, Professor Alonzo Clark made a statement which fully embodies our views on the subject Dr. Clark incidentally mentioned the prevailing tendency among physicians to stimulate, and stated that as he had been one of the first in that city to introduce alcoholic stimuli in the treatment of low fevers, he felt it his duty to warn against the prevailing inclination to indiscriminate and over-stimulation, which appears to have become as *fashionable* among physicians as the wearing of dead women's hair among the gentler sex.

THE SCIENCE OF COOKERY.

Civilization and cookery go hand in hand. As we advance in civilization, the palate becomes more refined, and the art of cookery grows in importance. Alas, for the stomach and the health of mankind, it has, heretofore, in our country at least, been too much of an art. Science and reason have had little to do with preparing the food on which depends the healthful development of our bodies and minds. "First class cooks," to whom we pay extravagant wages, serve up for our tables viands floating in empyreumatic grease, and enveloped in animal charcoal. "Tenderloins," for which we pay the highest price, are brought to the table in a condition that tries the endurance of our masseters, and the strength of our masticating apparatus. The aroma of our coffee and tea is dissipated through the house, while insipid infusions of charred coffee berries, and decayed tea-leaves, colored green—with we know not what—are brought on our tables, and tempered often with a villainous mixture called milk, the whole constituting a compound of a peculiar *muddy* look and indescribable flavor—and this passes for coffee and tea, while learned disquisitions are put forth as to the healthfulness of those articles as beverages. First, give us the beverages—then the disquisitions!

Bread, "the staff of life,"—heaven save the mark! comes to us from these "first class cooks," sour, sodden, half-baked, perhaps even dried up without being baked, certainly fit, half the time, for nothing but to try our patience and derange the digestive apparatus. Our pastry—cakes, pies, crackers, etc.—is notoriously compounded of refuse flour, rancid butter, and doubtful sugar, which is expected by its sweetness to hide all deficiencies; the quality of lightness, "so-called," being given by a hap-hazard use of an acid and an alkali. Our vegetables water-soaked, eggs generally overdone if boiled, or redolent of burned grease if cooked otherwise, and the whole served up cold, when they ought to be hot, and hot, when they ought to be cold, what wonder is it that we as a nation are martyrs to dyspepsia, and other ailments originating directly from the villainous manner in which our food is cooked? To correct all this it is indispensably necessary that our housekeepers, as well as those whom we employ as professional cooks, should be instructed as to the proper mode of cooking and serving meals.

We are happy to observe that a qualified gentleman has in New York in successful operation, for the second season, we believe, an Academy for the instruction of ladies in the science and art of cookery.

M. Blot, who seems to have made himself so exceedingly popular that he has been compelled to refuse admission to hundreds of applicants to his Academy, has a man to assist him in his demonstrations. Dishes of all kinds are cooked and served up before the pupils. Everything in the lesson is so plain and simple that a child

might do the work; everything, too, is done without any bustle or confusion; so that were it not for the ocular proof, one might suppose that the food was prepared "by hands unseen."

"M. Blot intends, when his first class is far enough advanced, to teach them to prepare bills of fare that will be entirely suited to dyspeptics, so that by confining themselves to the food so prepared, any victims of that 'dread enemy of man,' provided he has not been too long in the monster's clutches, may, in the course of two or three months, 'forget that he has a stomach.' What would not Carlyle have given, had there been 'cooking academies' in England, so that he might never have discovered that he had a stomach!

"M. Blot told one of his classes lately, that in France, when any one wished to pay a very high honor to any lady, a dinner is given to her in which all the sauces are the color of her hair; that is blonde or brown, and the dinner is a *diner blonde* or *diner brune*.

"The bill of fare for the *diner blonde* consisted of soup, with asparagus; calves' brain, fried; haricot of mutton; potatoes; béchamel sauce; carrots au jus; eggs à la neige; beignets souffles; jelly.

"On the occasion of Queen Victoria's visit to Louis Napoleon, he gave her a *diner blonde* which required twenty-five cooks to prepare, and our brilliant English friends thought 'the Emperor must have cooks that did not know a great deal, for he had all his sauces of the same color,' not knowing how great homage had been given to her. The *diner brune* was soup au neuilles, eels en matelote, lamb chops, piquante sauce, macaroni au gratin, potatoes à la lyonaise, cakes with almonds, jelly, cape noir. These dinners, it must be remembered, are only given in honor of a lady."

M. Blot teaches his classes how to arrange the different viands on the table, so that they may be always pleasing to the eye as well as to the taste. He announces his intention to organize a class for gentlemen, fixing some convenient hour for the lessons, after the day's business is over.

We trust that other competent persons will engage in this truly important branch of teaching, and that not only in our larger cities and towns, but throughout the country, so that those whose business it is to prepare our food or attend to its preparation, will have an opportunity of learning something of the *science of cookery*.

Notes and Comments.

A Case of Mistaken Identity!

As Artemas Ward would say, "the follerin is a goak,"—and too good to be lost. A friend of ours not long since met a subscriber to the Reporter, when a colloquy something like the following occurred: "The editor of the Reporter is a fool—aint half a man. I've a notion of stopping the thing." "Granted that he is a fool; but what is the ground of your opinion?" "Why, he don't wear a beard, and he's just no man at all that shaves his beard." "I beg your pardon, but he does wear quite a long beard." "I tell you he don't, though." "But I saw him yesterday, and he had a beard then." "Well—look here, there's his picture on the cover of the Reporter, and he's got no beard!" A cabinet meeting was immediately called, and in connnection with our reconstruction policy for the new volume, (which by the way is satisfactory to *everybody*,) it was voted that respect to the memory of the distinguished Benjamin Rush required that said picture be dispensed with after the close of the present volume!

Mitchell's New General Atlas.

This atlas is sufficiently large, yet not so bulky as some of the well-known earlier atlases. On this account it is more convenient for ready reference.

It contains eighty-seven maps and plans, together with valuable statistical tables, and an extensive index of places.

The edition just issued has new and much enlarged maps of the States of Pennsylvania, New Jersey, Maryland, and Delaware, and the new State of Nevada. It contains all the New Territories, Counties, and Railroads, with the sites of the Battle-fields of the late war, and plans of all our principal cities.

The lettering of the maps is exceedingly clear. This atlas is sold by agents only. Mr. G. P. Maxson is the only salesman for Philadelphia.

New Music

Published by Horace Waters, No. 481 Broadway, New York.

"*Were I but his own Wife*"—Ballad. Words by Thomas Moore. Music by Mrs. E. A. Parkhurst.

"*Dixie Doodle.*" Words and Music by Wm. H. Stevens.

"*The Gem of the Mountains*"—(Mazourka.) Composed by Mrs. E. A. Parkhurst.

"*Our Soldiers' last March*"—Introducing the celebrated Peace Jubilee, composed expressly for the 139th Regiment, by Mrs. E. A. Parkhurst.

"*The first Kiss at the gate.*" Words by T. Johnson. Music by Augustus A. Crilley.

News and Miscellany.

History of the Cholera on the Atalanta.

The following letter of Dr. WALSER to Dr. SWINBURNE explains itself.

HOSPITAL SHIP FALCON, November 8.

My Dear Doctor—My time has been so much occupied that my daily reports were necessarily limited to momentary impressions, and the names of the sick and deceased on board the Atalanta. The history of the disease, its cause and development, and the measures adapted to arrest its progress, could only be made the subject of a communication after days of observation and investigation. Cholera prevailed in Paris to a limited extent in September. Emigrants from Switzerland and the southern part of Germany, who constituted the majority of the Atalanta's passengers, came by way of Paris to Havre, and while in the several emigrant boarding-houses persons died after a few days or hours' sickness, attended by a consultation of government physicians. Unusual facilities were offered for the shipment of passengers, *and the anxiety of the government officials to place them on board was so marked as to cause inquiries on the part of the officers of the ship.* The day after the sailing from Havre the first case of cholera occurred; and, as already stated, some sixty out of five hundred and twenty-five steerage passengers took ill, of whom sixteen died, while the cabins on deck remained exempt from the visitation of the disease. Since her arrival at quarantine thirty-six more of her pas sengers sickened, and four died, swelling the total number of cases to ninety-six and twenty deaths, with patients still remaining under treat ment.

From the first the disease presented the uniform symptoms pathognostic of *cholera Asiatica*, and although in but few cases terminating fatally, the same virus produced the milder forms of the disease, which destroyed life in some instances in twenty-four, or even in twelve hours. If we take into consideration that all on board were perfectly healthy previous to the embarkation of the passengers from Havre; that cases had already occurred in Havre, and from the first day these passengers came on board the ship, we necessarily must look to these persons as the carriers of the malady on board the Atalanta, and to Havre or (as they all came by way of Paris) to Paris, offi cially declared as suffering from the visitation of the disease, as the *source of infection.* In this connection I would call attention to the fact that, while merely passing through Paris these pas sengers contracted and propagated the disease. Thousands of boxes of merchandise not only came from Paris, but from Marseilles, Toulon, and Barcelona, while cholera was prevailing as an epidemic, without producing the disease in a single instance; and our single endeavor in quarantine *must therefore be the quarantine of per sons and not of ships or merchandise.* To look for the cause of the disease, or even its development in the construction of the Atalanta, or the want of attention on the part of the officers of the ship, is perfectly unwarranted. The vessel is built for passengers; the steerage is eight feet six inches to nine feet four inches high, divided into three apartments, each provided with four ventilators, and ten side ports, and containing a double tier of berths on each side of an open space used as a dining-room. The provisions were good and abundant, and the captain's kindness spoken of in the highest terms. Dr. Herdes, of Berlin, by his strict attention to the internal hygiene, enforcing cleanliness and order, and preserving silence and secrecy on the nature of the prevailing disease, incurred the ill-will of the passengers. Besides cholera, eight cases of variola occurred, all of whom recovered, and the plea advanced by some that the disease could not have been cholera because so few sickened and died, is equally applicable to small-pox. May we not rather attribute the mild character of the disease to the abundant supply of pure air and the low temperature, and rather express our surprise at the large number which, under the circumstances, is rather the exception than the rule? The cabin passengers, in all probability, enjoyed immunity from disease by having these advantages in a still greater degree, and having separate apartments, where only two were assigned to the steerage passengers, and these not always in a very cleanly condition Since the sick have been removed from the ship but few new cases have occurred, and these of the mildest character, and we may reasonably hope for the speedy disappearance of the malady. The vessel has been thoroughly cleansed and fumigated, the bedding and clothing of the passengers aired and ventilated, and as soon as the proper facilities are offered, all the linen of the passengers will be washed, and every measure adopted to purify and disinfect.

Respectfully, your obedient servant,
THEODORE WALSER, M. D.

Forty Persons Poisoned by Impure Calomel.

The *St. Louis Republican* says that forty persons were recently poisoned in Shiloh, Illinois, under the following circumstances. "It appears that two physicians of that place recently sent to a drug store, in Chester, for a quantity of calomel. In one day the medicine was administered to forty patients, when it was discovered that with the calomel there was mixed corrosive sublimate, a violent poison. All the patients were taken with alarming symptoms, and in the cases of seven of them the result had proved fatal at the date of our advices, and it was feared that others would not survive. The presence of corrosive sublimate was probably due to a culpable carelessness at the laboratory of the manufacturer."

We have little confidence in the truth of the above story, and would like to have a true version of it by some respectable physician in that section.

Mustered Out.

The following Surgeons of Volunteers were lately mustered out: JAMES K. RODGERS, Missouri; WM. B. COCHRAN, Iowa, and JAMES M. STUDY, Indiana.

A Farewell to Agassiz.

BY O. W. HOLMES, M. D.

How the mountains talked together,
Looking down upon the weather,
When they heard our friend had planned his
Little trip among the Andes!
How they'll bare their snowy scalps
To the climber of the Alps,
When the cry goes through their passes,
"Here comes the great Agassiz?"
"Yes, I'm tall," says Chimborazo,
"But I wait for him to say so,—
That's the only thing that lacks,—he
Must see me, Cotopaxi!"
"Ay! ay!" the fire peak thunders,
"And he must view my wonders!
I'm but a lonely crater,
Till I have him for spectator!"
The mountain hearts are yearning,
The lava torches burning,
The rivers bend to meet him,
The forests bow to greet him,
It thrills the spinal column
Of fossil fishes solemn,
And glaciers crawl the faster
To the feet of their old master!

Heaven keep him well and hearty,
Both him and all his party!
From the sun that broils and smites,
From the centipede that bites,
From the hailstorm and the thunder,
From the vampire and the condor,
From the gust upon the river,
From the sudden earthquake shiver,
From the trip of mule or donkey,
From the midnight howling monkey,
From the stroke of knife or dagger,
From the puma and the jaguar,
From the horrid boa-constrictor
That has scared us in the pictur',
From the Indians of the Pampas,
Who would dine upon their grandpas,
From every beast and vermin
That to think of sets us squirming,
From every snake that tries on
The traveler his pi'son,
From every pest of natur',
Likewise the alligator,
And from two things left behind him,
(Be sure they'll try to find him)—
The tax bill and assessor,—
Heaven keep the great Professor!

May he find with his apostles,
That the land is full of fossils,
That the waters swarm with fishes
Shaped according to his wishes,
That every pool is fertile
In fancy kinds of turtle,
New birds around him singing,
New insects never stinging,
With a million novel data,
About the articulata,
And facts that strip off all husks
From the history of mollusks.

And when, with loud Te Deum,
He returns to his Museum,
May he find the monstrous reptile
That so long the land has kept ill
By Grant and Sherman throttled,
And by Father Abraham bottled,
(All specked and streaked and mottled
With the scars of murderous battles,
Where he clashed the iron rattles
That gods and men he shook at,)
For all the world to look at!

God bless the great Professor!
And Madam too, God bless her!
Bless him and all his band,
On the sea and on the land,
As they sail, ride, walk and stand—
Bless them head and heart and hand,
Till their glorious raid is o'er,
And they touch our ransomed shore!
Then the welcome of a nation,
With its shout of exultation,
Shall awake the dumb creation,
And the shapes of buried æons
Join the living creatures' pæans,
While the mighty megalosaurus,
Leads the palæozoic chorus,—
God bless the great Professor,
And the land his proud possessor,—
Bless them now and evermore!

Atlantic Monthly.

MARRIED.

BUCKLEY—WHITE.—In Baltimore, Md., Nov. 21, Dr Thomas Buckley and Mrs. White, daughter of John Ridgley, Esq., of Hampton.

BURRELL—LOUGHRY.—Nov. 7th, by Rev. Mr. Nesbitt, Dr. D. Burrell, of New Derry, Westmoreland co, Pa., and Miss Esther C Loughry, of Phillips' Mills, Indiana county, Pa.

BROWN—WEED.—On the 15th Nov., at the Congregational Church in Toledo, Ohio, by the Rev. W. W. Williams, Theodore J. Brown, of Toledo, and Eliza L., daughter of Dr. Geo. L. Weed, of Cincinnati.

DE WITT—SPANGLER.—In the Presbyterian Church, York, Pa, on Nov. 4th, by Rev. Dr. De Witt, of Harrisburg, Pa., Dr. William R. De Witt, Jr., Surgeon U. S. V., of Charleston, S. C., and Miss Susan E., daughter of the late General Jacob Spangler, of York, Pa.

FISHER—MASON.—At Charlestown, Mass., Nov. 12, by the Rev. George E. Ellis, D D., Horace N. Fisher, of Brookline, and Kia Mason, daughter of Dr. William Mason.

RICHARDSON—GOULD.—In Boston, Nov. 16, by Rev. Dr. Stow, James B. Richardson, Esq., Counsellor-at Law, and Miss Mary Cushing, daughter of Augustus A. Gould, M. D, all of Boston.

SCHENCK—BURRAS.—By Rev. S. D. Burchard, at the residence of the bride's parents, Nov. 22, James V. Schenck and Lizzie W. daughter of Dr. T. H. Burras, both of New York.

DIED.

ALLINGHAM.—At Cherbourg, France, on Friday, Oct. 13, James J. Allingham, Passed Assistant Surgeon United States Navy.

LAWSON.—In Cincinnati, suddenly, Nov. 14th, of disease of the heart, Mrs. Sarah Lawson, wife of Dr. P. S. Lawson, in the 58th year of her age.

SCHREIMER.—Near New Texas, Ohio, Nov. 20, Lucinda, wife of Samuel Schreimer, M. D.

SEEGAR.—In Cincinnati, Nov. 14th, Florence J., second daughter of Dr. J. and Mary N. Seegar, aged 22 years and 21 days.

ANSWERS TO CORRESPONDENTS.

Drs. M. Miller, and *A. G. Coleman*, will please give us their former place of residence, that we may find, and change in mail book.

Dr. B. F T., Camp Douglas, Utah Ter.—The price of the *Lancet*, (republication,) when taken in connection with the REPORTER, is $3 a year. We have ordered the back numbers of the *Lancet* for 1865, and send those of the REPORTER, as requested.

Dr. H. A. S, Gallatin, Tenn.—Neligan on the Skin, with illustrations, is a suitable work for you. Price $7. The edition of the text, however, is not recent. A small work adapted to Neligan's plates has lately been published by Hillier. Wilson on the Skin, with plates, is a larger, and more satisfactory work on some accounts. Price $9.50. Neligan's Plates and Hillier $7.75.

Dr. S P. W., Putnamville, Ind.—Thomas' Pronouncing Dictionary, Agnew's Practical Anatomy, Carpenter's Comparative Physiology, Lallemand on Spermatorrhœa, sent by Adams' Express, Nov. 22d.

Dr. J. McB., Cadiz, Ohio.—Byford on Diseases of Women, sent by mail, Nov. 20th.

Dr. D. C. R., Utah, Pa.—Byford on Diseases of Women, sent by Express, Nov. 20th.

Dr. J. McC, Chesterville, Ohio.—Two copies of Slade on Diphtheria, sent by mail, Nov. 20th.

METEOROLOGY.

November	20,	21,	22,	23,	24,	25,	26.
Wind	N. E.	N. E.	N. W.	N. W.	N. W.	N.	N. W.
Weather	Cl'dy.	Cl'dy, Rain.	Cl'dy, Show-ery.	Cl'dy, Show-ery.	Cl'dy.	Clear.	Clear.
Depth Rain		2 8-10		1-10			
Thermometer.							
Minimum	36°	35°	31°	31°	29°	29°	28°
At 8 A. M	43	44	41	43	43	44	43
At 12 M	43	44	45	44	50	47	48
At 3 P. M	41	44	45	43	50	48	48
Mean	40.75	41.75	40.50	40 25	43.	39.50	41.75
Barometer.							
At 12 M	30.3	29.6	29.6	29.7	30.	30.	30.

Germantown, Pa. B. J. LEEDOM.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

REMARKS ON LARYNGOSCOPY.

By Ephraim Cutter, M. D.,

Of Woburn, Mass.,

At the Medical Clinic of Dr. J. L. Ludlow, *at the Philadelphia Hospital.*

Reported by A. M. Shew, M. D.

It affords me much pleasure, gentlemen, to have an opportunity, by the kindness of your professor, of presenting briefly the subject of laryngoscopy. It is a subject which has of late years attracted the attention of the profession to a degree only equalled by its importance. To you as students of medicine and future practitioners and teachers, it is a practical subject, and should be thoroughly and conscientiously investigated. Strange as it may seem, it was not until the middle of the eighteenth century that the medical profession attempted to discriminate between diseases of the fauces and those of the wind-pipe. This may account for the non-invention of the laryngoscope prior to that period. It is unnecessary for me on this occasion to give a detailed history of the instrument from the time when Levret, a distinguished Frenchmen, of decided inventive genius, first contrived a curious instrument whereby the nostrils, throat, ears and other parts could be examined.

Even then, as in later years, the discovery was looked upon by the profession with mistrust, and was soon lost sight of; and it was not till more than fifty years later that it again excited attention. Whether its neglect was due to the exaggerated expectations, and subsequent disappointment of the public, or to certain defects in the apparatus, it is now impossible to say.

The elements of laryngoscopy were undoubtedly understood, but a difficulty existed in getting proper instruments. Thanks to the spirit of investigation, which has actuated a few leading men in the profession, we have to-day an instrument so complete and perfect, that by its use we may know the condition of the larynx, vocal cords, and all the surrounding parts. To properly understand the subject you should diligently study the laws relating to light. When we wish to inspect a tube or passage bent upon itself, by remembering that law in physics which teaches that the angle of reflection is equal to the angle of incidence, we may place a mirror in the passage when it is bent upon itself in such a way that the luminous rays falling on it are projected into the cavity; at the same time the image of the interior is formed on the mirror, and reflected back to the eye of the observer.

The whole apparatus is comprised of a combination of these two elements—reflection and illumination.

Here upon the table you observe the laryngoscope. It consists of two mirrors—a small one, from half an inch to an inch in diameter, to be placed back in the fauces; and a large, plain or concave mirror used for the purpose of reflecting and concentrating the rays of the sun or artificial light upon the small mirror after it is placed in position. These mirrors may be made of various materials, but the best of all are of glass, backed with amalgam. The circular laryngeal mirror causes the least irritation in the throat, and should be attached to the handle, so that the latter forms with it an angle of about 120°. The stem of the mirror slides into a hollow wooden handle, and is fixed there by a screw. By this arrangement it may be made shorter or longer according to circumstances.

For purposes of illumination solar light is by far the most desirable; but we are sometimes obliged to resort to artificial lights. The common burning gas or argand lamp will answer the purpose admirably. When solar light is made use of, the surface of the reflecting mirror should be plain. Before passing, permit me to observe that the employment of a reflector is not absolutely necessary for throwing a light into the laryngeal mirror, and especially when the luminous rays from the sun are made use of.

I have now given you a brief description of the laryngoscope and its history, and will next speak of the practice of the art. You will at first find great inconvenience arising from the inability of the patient to keep his tongue pro-

truded, and of allowing the laryngeal mirror to remain quietly in the pharynx. This may be overcome by having the patient apply his finger, or some other smooth body, to the posterior portion of the throat occasionally during the twenty-four hours. In a little while the palate becomes accustomed to the feeling, and will allow any smooth substance to remain without causing spasmodic attempts at removal. The observer should be seated directly in front of the patient, with the artificial light at the patient's side, and level with the eye. Now seize hold of the patient's tongue gently, but firmly, with the thumb and finger, covered by a napkin, and having placed the small laryngeal mirror in position, that is, in the fauces, with the posterior portion of the mirror resting on the uvula, at an angle varying according to circumstances, endeavor to throw a disk of light from the reflected mirror, (which is placed in front of the patient, at a distance of about twelve inches,) upon the laryngeal mirror, and you will have reflected the vocal cords, and all the surrounding parts. I omitted to mention in the proper connection, that the small mirror should be warmed a very little before being placed in the mouth, to prevent the condensation on its surface of the moisture in the breath.

In cases requiring local treatment, the patient should be taught to hold out his own tongue, in order that the operator may be enabled to introduce the mirror with his left hand, while with the right he applies the brush or other instrument.

The novice will at first be puzzled in diagnosing natural from unhealthy appearances, and it is only by constant practice that we gain a knowledge of the parts, and become sufficiently expert to use the delicate instruments necessary for the removal of tumors in this hidden region.

In the application of remedies to a diseased larynx, we make use of solutions and powders. A camel's-hair pencil, firmly attached to a long handle, bent at an angle varying between 90° and 120°, is used in applying solutions. Acetate of lead, nitrate of silver, and some of the more powerful caustics, are frequently resorted to. A variety of curious and ingenious surgical instruments have been constructed, all bearing the proper curvature, for the purpose of removing tumors, and of performing other operations in this region.

By auto-laryngoscopy is understood the practising of the art upon ones-self. It is made use of by teachers, and those who wish to demonstrate the larynx to others. Much dexterity may be acquired in this way. A very ingenious, useful and simple method of practising auto-laryngoscopy, consists in placing ones-self in front of a toilet mirror, with the sun shining full upon the laryngeal mirror; the image will then be reflected upon the toilet mirror in front of the observer. I will now endeavor to place myself in such a position that each one of you may in turn pass in front, and obtain a good view of my own larynx.

[Dr. Cutter now changed his position, and allowed each one of the class, numbering about three hundred, to have a good view of the posterior nares, orifice of the Eustachian tube and larynx, much to the satisfaction of those who had never had an opportunity of witnessing a similar exhibition.—Reporter.]

Hospital Reports.

Philadelphia Hospital, *November*, 1865.

Medical Clinic of Dr. J. L. Ludlow.

Reported by A. M. Shew, M. D., Resident Physician.

Acute Bronchitis.

Michael R., æt. 71, was taken sick five days ago, while lying out exposed to wet. He was first seized with a chill, followed by a severe pain in the chest and difficulty in breathing.

This, gentlemen, is a case of bronchitis—an inflammation of the mucous membrane lining the bronchial tubes after they branch off from the trachea. When the smaller tubes are affected the disease is commonly called capillary bronchitis, and is attended by more danger. In the early stages of this disease the patient is annoyed by a constant sensation of tickling in the throat, oppression in breathing, hurried respiration, and a paroxysmal cough. This cough is produced by two causes; first, from a want of secretion, and secondly, from excessive secretion.

In acute affections of the bronchial tubes where there is an absence of moisture, you will find the substance of the lung more or less affected. The fever in this affection is usually mild; pulse quick, but soft, called a mucous pulse; expectorations at first clear, but as the disease advances changes to a yellowish sputum; auscultation solicits at first dry—later in the disease moist rales.

The young practitioner is liable to confound bronchitis with acute pneumonia, or pleurisy. To guard you in this matter I will briefly give the deferential diagnosis.

In pneumonia the face is flushed, hot skin, quickened pulse, rapid breathing, and a peculiar expectoration. This glairy, viscid mucous, with an admixture of blood, forms the rusty colored sputum which has been considered pathognomonic of the disorder. When the pneumonia has

become fully established, we find marked dulness on percussion, blowing respiration and bronchophony.

Pleurisy may be distinguished from bronchitis by the characteristic pain and its confinement to one side of the chest; by the absence of respiration, and in the second stage, by the dulness on percussion. If particular attention is paid to the history of the case, and to the physical signs, you will not often be misled.

In the treatment of bronchitis the age of the patient should be taken into consideration. This old man must be sustained, while a tonic course of treatment is pursued. In ordinary cases where you have excessive fever, dry or wet cups, or even a blister may be necessary. You will of course be guided by the condition of your patient at the time. Hot stupes of turpentine often prove serviceable; small doses of the mercurial combined with Dover's powder; citrate of potassa, with some of the expectorants, are admirable preparations. I am in the constant habit of using the following formula with gratifying success:

℞. Potass. citras, ℥iv.
Sodæ bicarb., ℥ij.
Syr. scillæ,
Syr. senegæ, āā f.℥ss. M.

In old people the cough may continue long after the inflammation has been subdued, owing to an atonic condition of the whole system. In such cases I have often used with success ten-drop doses of copaiba in some of the expectorant syrups.

Pathological Specimens.

Here is the heart and a portion of the left lung of a patient who died three days ago. He was admitted to the hospital on the 26th of October very anemic, weak, and with an immensely distended abdomen. Six months ago he had typhoid fever, from which he never entirely recovered.

When I first saw this patient in the wards, it was very easy to diagnose tubercles in the left lung, and cardiac difficulty. Cod-liver oil was administered in as large doses as the stomach of the patient could bear, but with no avail; the disease had already gone so far that recovery was impossible. And here we have the left lung completely filled with tubercular deposit—some grey, others white—small, hard, and numerous. I will pass the plate around in order that you may all have a good view of this interesting specimen.

You are probably aware that there are no less than ten different theories about the formation of tubercular deposit. I cannot enter into a discussion of this subject, as time is wanting. The theories are all very good, but we do not yet understand the subject. We do know that when tubercular deposit commences it will usually extend, slowly or more rapidly, as the case may be, until the whole lung is broken down and destroyed. I have seen patients recover; but, gentlemen, you will find that in these cases the trouble had been local—in the apex of the lung. The tubercle may for a time remain, as it were, latent—by changing climate, avoiding cold, and finally, by the free administration of cod liver oil many years of happiness and usefulness may be added to the patient's life, who positively has tubercular deposit in one or both lungs. In this same case you perceive that the valves on the left side of the heart are thickened by an abnormal deposit resembling bone, which in life would cause that peculiar blowing sound heard so distinctly in valvular disease.

Second Specimen.

James H., æt. 33, was admitted to the medical wards November 14th, almost moribund with typhoid fever. Owing to the mental condition of the patient we could learn nothing of his antecedent history. He died one day after his admission, with many of the signs of intestinal perforation. Upon examination post mortem, we found the lungs congested, liver fatty, kidneys normal, and the intestines congested, thickened, ulcerated, and in one place perforated; the seat of the lesion being in the ilium, about three inches from the ileo-cœcal valve. You notice, by examining this specimen, that the mucous membrane, lining the bowel for many inches above and below the seat of perforation, is unnatural in color, thickened and hardened with ulceration of the glands of Peyer. In many places it looks as though it was just ready to burst. A few hours before death the patient was excessively prostrated and very cold, with stercoraceous vomiting. This autopsy illustrates the most frequent lesion in typhoid fever.

Wills Ophthalmic Hospital,
November, 1865.

Clinic of R. J. Levis, M. D.

Reported by C. R. Morgan.

Gonorrhœal Ophthalmia.

Man, æt. 25. This case was presented at the preceding clinic. Then the cornea was not visible on account of the extreme state of chemosis which existed, and the lids were so swollen and rigid that they could not be much separated. On attempting to elevate the upper lid, pus streamed out, and the chemosis, which is a serous distension of the sub-conjunctival cellular tissue, overlaid the cornea in massive folds and bulged out between the lids. At this time, on raising the folds from the cornea, ulceration is evident in an arc along its margin.

The great danger to the eye in this disease is from ulceration of the cornea and its frequent consequence, perforation and disorganization of the eye. Ulceration, as in this case, usually forms a groove at the corneal margin, and this sometimes entirely circumscribes the cornea, thus interfering with the nutrition and destroying the vitality of the cornea, so that it sloughs.

The sub-conjunctival layer of connective tissue of the eyeball does not underlie the conjunctival layer of the cornea, therefore the chemosis terminates at the corneal margin and the effusion causes it to distend in crescentic folds over the cornea. With the object of relieving the serous distension of the sub-conjunctival cellular tissue, I make free incisions through these overhanging folds, in directions radiating from the cornea. These incisions speedily drain the effusion, and

relieve vascular turgescence. I also scarify the conjunctiva of the lids, and the ulcer on the cornea will be pencilled with a solution of the nitrate of silver, gr. iv. to f. ℥j. The patient is cautioned against the danger of infecting the other eye by contact with the virulent secretions from the diseased eye.

The New Operation for Extraction of Cataract.

Woman, aged 62. It is proposed in this case to perform the operation for extraction of cataract after the method recently suggested and practised by Von Græfe. It is a modification of linear extraction. I believe that the recent improvements in the operation of extraction, increasing, as they have, greatly the per centage of successes, will destine the operation to take, in a great proportion of cases, the place of the slower and less certain needle operations. The varied modifications of linear extraction, according to Scheuft, Mooren, and Critchett, have met with much success in this hospital, and have almost entirely substituted the old large flap operation.

The operation proposed by Von Græfe differs from our usual operations in the incision being made through the sclerotic instead of through the cornea, yet so near to the corneal margin that the wound is entirely in the anterior chamber, the knife almost touching the front of the iris. The instrument used is a cataract knife, which, for convenience in the operation, should be very narrow. It is an object in concluding the cut, to turn the knife backward at its exit, thus forming a small flap in the conjunctiva, so as to secure a valvular closure of the wound. The iris is then drawn out with a blunt hook caught in its papillary margin, and a section removed with the scissors.

I attempted to extract the lens with a blunt hook, as directed by Von Graffe, but as the periphery was found to be quite soft, this was impracticable, and the operation is finished with a small scoop. The eye of the patient is naturally small and flat, with a very small anterior chamber, rendering the manipulations difficult.

This operation differs from other extractions performed lately before the class, in the wound being in an upper and outer direction, thus the resulting deformity of the iris is in a portion usually covered by the lid, and opacities, which sometimes occur in the vicinity of the wound, are less likely to interfere with vision. The lids are retained closed by a light adhesive strip, crossing obliquely from forehead to cheek.

Traumatic Cataract.

Young woman, aged 18. Received wound in the eye from an awl, five months previously. The wound had penetrated the cornea and lens in the axis of vision, the iris escaping. The injury was not at the time attended with much inflammation or inconvenience, beyond an immediate impairment of vision, as it was inflicted with a slender and sharp-pointed instrument. Wounds of the lens always result, sooner or later, in opacity. If the wound in the capsule is extensive, an entire solution of the body of the lens may take place, leaving only capsular opacity, and in rare cases, the capsule will itself shrivel up so as to interfere but little with vision. On these facts are based the ordinary operation for cataract by solution—the capsule being freely lacerated, so that it withdraws from the line of vision, and the lens is cut up, so that the aqueous humor has access to it, and undergoes solution and finally absorption.

In this case, the wound being but a small puncture, no such solution could take place. It is the object of an operation in this case to restore vision and remove disfigurement. If this opacity were not relieved by an operation, the eye would in time become atrophied for want of its proper function, and thus the disfigurement would be increased.

The pupil is fully dilated with the sulphate of atropia so as to expose the opaque lens fully to view, and to get the iris out of the way of the instrument. A cataract needle, with sharp cutting edge, is introduced through the sclerotic, about a line from the margin of the cornea, and a little below the axis of the eye. The anterior capsule is freely lacerated, and the lens material cut into fragments. These fragments will undergo solution and absorption within a few weeks. It is possible that the operation may have to be repeated at the end of that time, for the purpose of subdividing some of the larger fragments, to insure their solution. The dilatation of the pupil is continued during the process of absorption, so as to keep the iris from contact with detached and swollen pieces of the lens, which sometimes create irritation by lodging against it.

College of Physicians and Surgeons, *New York, November*, 1865.

Surgical Clinic of Prof. Markoe.

Scrofulous Synovitis of Wrist.

The patient, a boy about eleven years of age, had whooping cough, and scarlet fever several years ago. His countenance at present is delicate, pale complexion, a general strumous look. Eighteen months ago he began to have trouble in the right wrist-joint, which could not be traced to any injury. There was pain in the joint before it commenced to swell. This is a striking feature of scrofulous disease, when it attacks the cartilages of a joint.

On examining the wrist, it is found considerably swollen, with distinct fluctuation, especially behind and before, and on either side of the styloid process, agreeably to a general rule in all these cases of chronic synovitis, accompanied by effusion of serum into the synovial sac, that the swelling marks itself most prominently in the direction where there is the least pressure or resistance. There is in this case very little tenderness on pressure, and no pain.

Treatment. The hand, at first, is to be kept perfectly still, and a blister to be applied immediately over the part. In an old case, like this, there is no danger from the application of blisters. In recent inflammation of the joints, however, there is some objection to their use, when applied immediately over the affected part, as the

irritating effect of the remedy may aggravate the inflammatory action beneath. The blister will be ordered dressed with mercurial ointment, and the hand firmly bandaged. As soon as the effusion has begun to subside, moderate motion of the hand will be necessary. Internally, cod-liver oil and iodide of iron will be given.

Hydrocele.—Hæmatocele.

A man, about 48 years of age, presented himself at the clinic with an enlarged scrotum. In the diagnosis of these cases, Prof. Markoe remarked, we have to distinguish mainly between three forms of disease—sarcocele, hernia, and hydrocele. If the case were hernia, there would be some indication of enlargement above, in the neighborhood of the groin; hernia would return wholly or partially, if the patient lies down, and there would be impulse on coughing. None of these symptoms are present in this case.

If it were sarcocele, the tumor would present an irregular surface, would be sensitive on touch, and there would be an absence of all sensation of fluctuation, which is the case here. In hydrocele, we have a smooth distended surface, no sensitiveness, and more or less well-marked fluctuation. Lastly, on examining the tumor of hydrocele by transmitted light, it is generally found transparent. In the present case, however, on examination by transmitted light, the scrotum remains perfectly opaque, although all other signs indicate it to be hydrocele. There are in some of these cases of effusion of fluid into the sac of the tunica vaginalis, two conditions which render this test of transparency unavailable. In some cases the sac has become so thickened that, although it contains serum, it is not translucent. In other cases, the character of the fluid is changed from that of a transparent serum to a dark opaque liquid, in consequence of effusion of blood into the sac. This may occur after the palliative tapping of a hydrocele, by the accidental wounding of a vessel, or by a blow, or other injury.

On making an explorative operation in this case, the fluid contained in the sac is found to be blood, altered by long maceration, forming a species of hæmatocele. The treatment in such cases is a little different from that of simple hydrocele. The serous membrane is generally of much lower vitality and responds very sluggishly to stimulating injections. Hence a strong solution of iodine will be used. If this fails to change the action of the sac, the introduction of lint and establishing suppuration will probably prove successful.

University of Maryland,
November, 1865.

Surgical Clinic of Prof. N. R. Smith, M. D.

Reported by J. W. P. Bates, M. D.

Necrosis.

Boy, æt. 17. The term necrosis implies mortification of bone. Bone mortifies like soft parts; perishes from diseased periosteum; often dies, as a result of scrofulous inflammation. Bone is vascular, and invested by a vascular fibrous membrane, called the periosteum, which bears the same relation to bone that bark does to a tree; when a bone is fractured, this membrane is torn. It is also lined by an areolar vascular membrane, which is sometimes called the internal periosteum. This internal membrane is quite sensitive; the medulla itself is not sensitive. The bones are vasular, but depend upon the blood vessels they receive from the external or internal periosteum. When, by progress of disease, a portion of these membranes is stripped off, the bone perishes, and we have necrosis. We have a familiar example of this in the common felon—matter forms beneath the theca of the tendons, and the bone dies. The long bones are most generally affected. When matter forms between external membrane and the bone, it is very likely to occur on internal membrane also. When the matter is discharged, the patient gets immediate relief, but the bone is dead and is called sequestrum. Its extremities are very irregular, and it is an inevitable result that dead bone will separate itself from the living. It may maintain its form and office, but in course of time it must become detached. For a time, continuity is complete, but after a while it separates, and if no provision were made for such a contingency by nature, we would have spontaneous fracture, and in some rare instances this does occur. The process of repair in these cases is analogous to the repair of fractures. The detached periosteum pours out callus, which surrounds the dead bone. Always suppuration wherever dead bone is present, and there will be fenestra for the discharge of the matter, and through these we can touch the sequestrum, and may introduce strong forceps and extract it. Sometimes it may come out by the efforts of nature alone, but in a great many instances it is necessary to cut down on the callus and chisel away the new bone, and extract the sequestrum, or break it. The cavity will fill up and the external callus will be absorbed to a considerable extent, but there almost always remains some enlargement. Necrosis rarely extends into a joint, because the head and shaft of a bone derive their vascular supply from different points: it is also dependent upon the different points of ossification. When it occurs in cubical bones, as in this case, there is not that vital distinction between extremities and shaft, and is more disastrous in its effects, more likely to penetrate joints, and not so well circumscribed.

Here the astragalus is diseased. On introducing a probe, I think I feel dead bone. We will cut down upon it, and even if it is not in such a condition that we can extract it readily, the incision will give relief by relieving tension, and the loss of blood will deplete the parts of some of their superabundant blood. I do not expect to find a great amount of loose bone. A small piece was extracted. We will have this wound packed with lint, to keep it expanded. Carious bone may be all that is remaining—this corresponds to ulceration of the soft parts—and to counteract this, we will inject with a solution of muriatic acid, from time to time, which will dissolve the earthy matter, and make a salt soluble

in the discharges, and easily got rid of in this way.

Nov. 8. Case doing very well—not so much pain as he had. Seems somewhat weak, so we will order

℞. Syr. ferri. iod., gtt. xx., ter die.

Chancre.

Negro, æt. 20. Came in day before yesterday; has three chancres—one at the orifice of the urethra, another just behind the corona, and a third on glans penis. Has had them about four weeks; do not feel the hard base as we do when they occur in the loose cellular tissue. The one at the orifice of the urethra may result in stricture, because there will be a cicatrix, and it is characteristic of it to contract. Has a bubo. I consider buboes nothing more than internal chancres, the poisonous matter is absorbed and carried to the glands of the groin, where it collects, and at last breaks and displays nearly all the characteristics of true chancre. Liability to bubo varies according to the location of the chancre; near the frænum most likely to be followed by bubo, because the absorbents are more numerous. He has no eruptions on the skin and no sore throat, which are traits of true chancre.

℞. Hydrarg. bichlor., gr. iv.
Aquæ, f.℥iv. M.
Teaspoonful four times a day.

This is one of the best preparations to employ when the disease is protracted; it penetrates more readily than any other, and does not so readily salivate. Touch all the sores with nitric acid, not with the hope of accomplishing an abortive result, but to supplant the diseased action. Use a wash of the bichloride of the same strength as internally administered; fold a piece of linen and place between the glans and prepuce; nutritious diet; keep perfectly still. It is a very unfortunate thing for a person with this disease to keep moving about—excites the parts—the pantaloons chafe the parts, and the circulation is excited. If early symptoms are properly treated, less likely to have constitutional results.

Injury of Hand and Forearm.

Man. 35. A few days ago this man's forearm was so much injured that we had to amputate it about the middle. He is now doing well; the lips have receded a little, but when a cicatrix forms they will draw together. It is still tender, and the ligatures have not come away yet. To close the wound we used strips of wet lint instead of adhesive strips—the adhesive plaster often irritates the parts—sometimes more so than sutures. Lint answers the purpose very well, and will bear considerable traction. Use the cold water dressing.

Punch has recently informed his readers that *Io dide* of Potassium. *Vanity Fair* told the American world the same thing four years ago; and "Meister Karl" claims that he was the first who discovered a chemical formula in the Bible, where water is correctly described as consisting of Hydrogen and Oxygen in the text, "HO every one that thirsteth!"

Medical Societies.

SUFFOLK CO., MASS., MEDICAL SOCIETY.

Cholera.

The Suffolk Medical Society held a meeting at their rooms in Temple Place on Saturday evening, Nov. 25th, when the following debate occurred in relation to cholera, as given in the Boston *Post*, Dr. J. Mason Warren in the chair.

Dr. Buckingham introduced the subject of Asiatic cholera. He urged strongly the view of the non-contagiousness of the disease, giving his experience on the epidemic of 1847 and 1848. He spoke against quarantine regulations as worse than useless, keeping, as they do, all those on board ship under a continuance of unfavorable influences. He illustrated the non-contagious character of the disease by citing the peculiarities in the case of the cholera-ship "Atalanta," lately arrived at New York, in which it was shown that only those became affected who had been received aboard from an infected district, although there were passengers from several non-infected districts on the vessel.

Dr. Buckingham complained that the Board of Health of the City Government had not taken action on the advice of the Consulting Board of Physicians, and referred to several notorious nuisances which were suffered to exist, notwithstanding the attention of the authorities had been called to them from time to time. The latter having recognized that as the disease was in their unanimous opinion non-contagious, and could not and does not thrive except in the midst of filth, recommended a thorough cleansing of the city. Dr. Buckingham desired therefore to bring the subject prominently before the Society hoping that their action thereupon might be effective.

Dr. D. H. Storer strongly urged the necessity of the action of the medical profession towards the City Government, and corroborated the inefficiency of action of the latter.

Dr. John Jeffries, chairman of the Board of Consulting Physicians, stated that a report had been drawn up by that Board, embodying the views already expressed on the subject of sanitary measures, which report was now awaiting action in the hands of the Board of Aldermen, and about which, therefore, at present he had but little to say. But, as the chairman of the Consulting Board, he would say that it would be of immense advantage if the united opinion of medical men on this subject could be brought before the public. He stated his belief that the city is now less prepared for the epidemic than it has been on previous occasions of its advent. The result however, of cleansing the city in 1832, was that the mortality from cholera at that time was less than from scarlatina.

Dr. Jacob Bigelow was satisfied that intemperance of all kinds, moral and physical, low living, vicious habits, poor food, squalor, and in general the excessive privations of the poor, were predisposing causes which furnished the earliest

candidates to the disease. He joined fully in the views of the gentlemen who preceded him in favor of cleanliness and the non-contagiousness of the disease, and traced the history and course of previous epidemics in Asia and Europe to show that the disease does not follow the great thoroughfares. He hoped that the city would do everything necessary, short of establishing quarantines and cordons.

Further remarks were made by Drs. H. R. Storer and White. Finally, Dr. J. B. S. Jackson, after having emphatically expressed his conviction that filth is a powerful predisposing cause of the disease, proposed the following resolution, which was unanimously adopted:

Resolved, That, in the opinion of this Society, *cholera is not contagious*. That the safety of the community, however, depends in a great measure on the regularity of the habits and cleanliness of the dwellings; and, as in former epidemics the disease has prevailed in those localities which were the most crowded and filthy, the propriety of immediate attention to such localities should be strongly urged upon the City Government.

[On further explanation of the above debate, the reporter would add that the report of the Consulting Physician was sent to the Board of Aldermen more than two weeks ago, with a special request that it should be printed as a city document and sent at once broadcast among the people. Inasmuch as it is purely a sanitary matter, and that its object in part was to secure, if possible, the abolition of nuisances that are in themselves most pestilential, the fact that nothing has been heard of it is not a little significant. Are municipal politics of more consequence than the health of the people?]

Editorial Department.

Periscope.

Resection and Amputation of the Shoulder Joint.

Dr. Henry F. Lyster, of Detroit, Mich., in the *American Journal of Med. Sciences*, publishes three consecutive cases of resection of the shoulder-joint, and four successful consecutive cases of amputation of the shoulder-joint. He says:

"The simple manner in which the operation for resection of the shoulder may be performed by the single straight incision, with the slightest amount of injury to the soft tissues—rarely more than two small vessels, if any at all, requiring the ligature—and yet the grand results which are obtained for the patient in the preservation of his arm and hand, should, in my opinion, be made to weigh in the balance, when the chances for and against are at all evenly divided." The results of the three cases of resection are very favorable. In one case the patient wrote, ten months after the operation, that his "arm and hand were of great use to him," and "at that time he could bear twenty-five pounds weight in his hand without hurting his shoulder." His "arm is steadily improving in strength and usefulness." The second patient says, about the same lapse of time after the injury: "I can do my own writing, and can lift twenty-five pounds quite easily. I can raise my right hand to touch my chin, and feed myself, and leave no pain in my shoulder." The third case was accompanied with similar good results."

In regard to amputation of the shoulder-joint, Dr. Lyster prefers the simple method of Larrey, chiefly because the first incision, extending perpendicularly from the acromion process, may be prolonged to the extent of three and one-half or four inches, and the diagnosis fully and satisfactorily determined, and the question as regards resection or amputation definitely settled from a view of, or at least a free entrance to the comminuted parts. In case resection is determined upon, it can readily be performed through this single incision; but if the destruction of the parts is so serious, or extensive, as to demand amputation, the operator will simply begin his oblique incisions an inch below the acromion. These lateral or oblique incisions should be somewhat convex, from the shoulders, to afford sufficient material, so that when the operation has been completed, and the sutures are introduced there will not be too much tension across the middle of the wound. Care should also be observed that the soft parts and integument severed by the last cut of the knife are not divided too far out upon the arm, as in such case there would be a projection downward of a portion of integument. The cicatrix from this operation will be a perpendicular line extending from the acromion down four or five inches.

Treatment of Gun-shot Injuries of the Head.

Dr. John Ashhurst, Jr., devotes an article in the *American Journal Med. Sciences* to the subject of "treatment of gun-shot injuries of the head." From the history of five cases recorded the following conclusions are drawn:

1. In the large number of cases which die under conservative treatment, it does not appear from the autopsies that the use of the trephine could in any way have averted the fatal issue.

2. Many cases which recover without trephining would be seriously jeopardized by rashly admitting the atmosphere to the torn and bruised cranial contents, and thus placing them in the unfavorable circumstances of an open wound, instead of leaving them in a safer position of a sub-cutaneous, or more strictly "sub-osseous" injury.

3. In those cases which recover after the use of the trephine, the instrument does not deserve the credit of the cure; for if there be already an opening through the skull the operation is unnecessary; and if there be not, it adds to the already serious injury a most dangerous complication.

4. There is a close analogy, though often forgotten, between trephining and the resection of long bones. In compound fractures of the ex-

tremities we extract loose fragments, restore the others as nearly as possible to their proper places ("setting" the fracture), and then trust the case to nature. Just so in compound fractures of the skull, it seems to me, we should content ourselves with removing the detached portions of bone, and restoring the rest if possible, by the elevator, or otherwise, to their proper level, and then withhold our hands; conducting the after-treatment upon physiological and rational principles. Trephining is the most serious and fatal of all resections, and I believe the day will yet come, when it will be looked upon as a matter of curious and antique surgical history, rather than as an actual and established mode of surgical treatment.

Moveable Kidney.

The *British Medical Journal* gives a summary of some clinical remarks of Trousseau on moveable kidney, from which we quote:

"There is nothing surprising in this dislocation of the kidney. We must remember the slight attachments which the kidneys have. They are held to the vascular system only by arteries and veins; and the tissue which attaches them to the surrounding parts is only a feeble bond of union. In fact, the only actual bond is the peritoneum, which fixes the organs against the quadratus lumbarum; and the peritoneum is certainly not a firm bond of attachment.

Mr. Walther's researches show that, in the majority of cases, the symptoms indicative of the affection are very slight. Often, indeed, the existence of the floating kidney is only discovered accidentally. The nature of the moveable body may be generally made out when its existence is ascertained. It is smooth and ovoid, and has, in fact, the shape of a kidney; it is dull to percussion. Careful palpation also may show an absence of the kidney in the corresponding lumbar region. Pressure also, on the moveable body will produce the same kind of pain as it produces on the other kidney *in situ*. A tumor of the liver is not moveable. The spleen, when depressed, is larger than the kidney. But, nevertheless, moveable kidneys have been mistaken for disease of the liver, of the gall-bladder, of the spleen, of the mesentery, of the intestines, and for fibrous disease of the ovary.

As for treatment, all that can be done is to support and protect the displaced kidney. The displacement, it is worthy of note, is far from unfrequent; its nature is very generally misunderstood. The patient is consequently put to much inconvenience through error of treatment, and to much unnecessary mental anxiety, and by keeping the fact of the existence of this affection in his mind the medical man may sometimes save himself from much disrepute and annoyance.

The Cause of Cholera.

Dr. Ceuniere, of Levallois-Courcelles, near Paris, has written to the journals to say that no doubt whatever exists as to the cause of the disease—being nothing else than exceedingly small animalcule of a special kind; oviparous and multiplying with exceeding rapidity. They are suddenly formed in the human intestines, where they breed. If the general hygienic state of the patient is strong enough to resist their attacks, they die out immediately, but if the condition of the human body is favorable to their propagation, they soon produce a disorganization, which increases with extraordinary speed, and terminates in the death of the person attacked.

Reviews and Book Notices.

The Renewal of Life. Lectures: chiefly Clinical. By Thomas King Chambers, M. D., Honorary Physician to H. R. H. the Prince of Wales; Physician to St. Mary's and the Lock Hospitals. First American, from the third London edition. One royal octavo vol. Philadelphia: Lindsay & Blakiston. 1865. Price $5.

The publishers of the American edition have deemed it proper to retain the original title, "The Renewal of Life." It is a somewhat strange title for a work on clinical medicine, and its peculiar fitness is not made apparent until the reader has become familiar with the author's views of vital force, and for this reason it is perhaps unfortunate, because ordinarily the title gives us some idea of the work; but in this case the book explains the title.

The work, comprising some six hundred pages, consists of fifty-two lectures. The first two of these are devoted respectively to "Life and Death," "Disease and Cure." These may be considered introductory, and embody the peculiar views of the author, most happily and elegantly expressed; and however we may be inclined to doubt the reasoning of the learned author, we can hardly fail to be pleased by the elegance, scholarly finish, and purity of his style. The key-note of the whole work will be found in the introductory lectures on "Life and Death," "Disease and Cure." "Life," says the author, "rests on the metamorphosis or renewal of the body; as this renewal is more thorough, the individual is more perfect, and fulfils better and more completely the duties of his position."

"The most active metamorphosis of the body possible, the highest possible development of life in every part—is HEALTH.

"The complete cessation of metamorphosis is DEATH.

"The partial cessation, or arrest, is DISEASE."

These aphorisms, striking as they may seem, do but embody the familiar teachings of ordinary experience. Transformation of structure, call it metamorphosis, or what else we may, is the prime necessity of that exhibition of phenomena, which we call life. It is equally true that the fullest manifestation of life must constitute health. The premises are simple enough, but the author's deductions are not at all times equally free from objection. A tendency will be noticed to compare chemico-vital metamorphosis of the living tissue with the mere chemical changes occurring in dead structures, with a view of drawing physiologic deductions and indications for treatment. In comparing fatty degeneration, and adipocire,

the author says, "What is this (adipocire) but precisely that which happens to the diseased muscles of the Indian fakir, or of a paralyzed limb?" Instances of a similar nature will be found scattered through the work.

With the fifth lecture the author opens his Clinical Course, taking as his subject "Typh-fever." The author inclines to the opinion that the poison of typh-fever, which he believes to be generated by decomposing organic matter, and received into the body from without, enters the system *mainly by the digestive canal.* "It is," says he, "probably mixed with the saliva and carried down into the stomach, where it may possibly increase and multiply on the gastric mucus." The author attaches value to the observation that those who by smoking or chewing eject the saliva, are less liable to be attacked during an epidemic. Reasoning thus, the author asserts that the disease may be averted by emptying the stomach, and thus preventing the whole of the poison from being absorbed. "Those," says he, "who have watched my practice, will have noticed several instances of the success of this treatment. *They will have seen the fever cut short,* and convalescence entered upon immediately with its characteristics of painless weakness and emaciation gradually passing away." The author's favorite plan of treatment, supposing the disease not abated by the administration of a mild emetic is in strict accordance with his ideas of life renewal. It consists of persistent or continuous nutrition. Liquid nutriment is given every two hours, together with twenty minims of the dilute hydrochloric acid of the Pharmacopœia. This liquid nutriment consists of strong beef-tea and milk, of which about six pints are administered in the course of twenty-four hours.

121 cases admitted during the six years after 1857 were treated by this method. The following is the result:

25	are entered as typhus, and of these there died,		0
52	" typhoid " "		2
44	" of doubtful or unrecorded type,		2
121	Total.	Deaths,	4

Of the 109 cases treated by the ordinary method—or on general principles—the following was the result:

9	are entered as typhus, and of these there died,		4
44	" typhoid " "		16
56	" of doubtful or unrecorded type,		3
109	Total.	Deaths,	23

These cases occurred during the six years prior to 1857. The author admits the possibility of a change of type in fevers having taken place at the time he changed the treatment, but contends, on the other hand, that the severity of the disease in the two classes differed but little, on account of the near equality of the periods of convalescence. The mean time of stay in the hospital was in the first series 26.7 days, in the second, 29.2 days. The ages differed but little. The mean age of each being between 22 and 23 years.

In commenting upon these figures the author remarks, "I cannot therefore avoid the conclusion that the means employed in the cases on the first list are very efficient in preserving life; and that out of every 100 persons attacked by continued fever, from 16 to 17 more may be thus saved than by treating them upon general principles."

The remaining lectures are devoted to the usual diseases occurring in a clinical course, such as Rheumatic Fever—Pleurisy—Pneumonia—Phthisis—Pericarditis, and the like, all of which are treated didactically and medically with a continual reference to the Renewal Principle. The treatment, however, in the majority of the cases does not differ materially from that pursued by our own clinical teachers, though here and there a trifling change may be noted, necessitated by the author's views of construction and destruction.

The three closing lectures are devoted respectively to Alcohol—Blood-letting—and Answers to Objections. The great bulk of the lectures are purely clinical, and not much space is allotted to undue pathological speculations, the record and the treatment being the main points kept constantly in view. As specimens of the colloquial style it will be difficult to find their equal in medical literature. But this is by no means their only merit. Their practical teachings claim no less our attention. Both student and practitioner will do well to give these lectures a careful study, for therein they will find accurate guides to diagnosis, and hints with regard to the management and treatment of disease, which, without always subscribing to the author's views of their action they will gladly adopt. The typography of the work is unusually excellent. Those who read much will be pleased with the clear type, large margin, and clean page of this volume, upon which the eye rests without fatigue or pain, while the mind is left free to converse with the author.

V.

On Wakefulness. With an Introductory Chapter on the Physiology of Sleep. By William A. Hammond, M. D., Fellow of the College of Physicians of Philadelphia, Member of the Philadelphia Pathological Society, etc., etc. Large 12mo., pp. 93. J. B. Lippincott & Co. Philadelphia, 1866. Price $1.

This monograph by Dr. Hammond is based on a recent essay—"Sleep and Insomnia," published in the *New York Medical Journal.* At the solicitation of several friends, who were afraid that the paper might not have so permanent an existence if it depended on that afforded by a periodical, it was re written, as well as materially enlarged, and tendered to the profession in its present form, with the desire that it might prove a useful addition to medical literature.

It is divided into four chapters, with the following headings—"Introductory; Pathology of Sleep"—"Pathology of Wakefulness"—"Exciting Causes of Wakefulness"—"Treatment of Wakefulness." From this table of contents, it will be seen that the subject is an interesting one; and careful perusal will amply reward the reader. It is therefore commended to the attention of all interested in this department of physiology, with the hope that the desire expressed above by the author will be realized.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 9, 1865.

ENLARGEMENT AND INCREASE OF PRICE.

The pressure of literary material on our columns makes it necessary to announce an increase of the size of the Medical and Surgical Reporter. This increase, together with an improved external appearance, will take place from the first of January next; from which time the subscription price will be Five Dollars per annum. The cost of paper and labor seem to be permanently fixed at high rates, and we are compelled to accept the situation, and graduate our subscription rate accordingly. If these expenses lessen, or a liberal support justify it, we shall be enabled to further enlarge the work, or expend more on the literary department, or perhaps do both.

☞ *All advance payments made prior to January 1st, 1866, will be credited at the present rate of $4 per annum.* Payments made *after* that date, will be credited at the rate of $5.

ANNOUNCEMENT of THE FOURTEENTH VOLUME.

The Fourteenth volume of the Medical and Surgical Reporter begins with the first issue of January, 1866, and we take pleasure in announcing that we have effected arrangements that will place it on a better footing in a literary point of view than ever before. These arrangements include some new features, among which are the following:—

A Resident Editor for New York City,

who will attend to all matters of general interest to the profession that emanate from that important medical centre. Full and intelligent reports of the transactions of the two chief medical Societies of New York, viz., the Academy of Medicine, and the Pathological Society, will appear regularly in our columns. The discussions before these societies are participated in by the *principal Physicians and Surgeons* of that city, and embrace every variety of subject interesting to medical men. Our columns will also be supplied with selections from some of the best clinics held in New York. All medical matters of interest arising in that field, will be independently and freely commented on. This arrangement will give New York and its medical interests a full representation in our columns.

In this city, our editorial arrangements include a chief editor, who devotes himself to the

General Editorial Management

of the work, and to medical matters in this centre of medical education and publication. We have also engaged the services of one of the most erudite scholars in the ranks of the medical profession to take the special charge of the

Review Department of the Reporter.

New works of importance will be *fairly and independently* reviewed at moderate length, but a large part of the issues of the press will be noticed in a series of articles in the form of *Familiar Notes on Books*, or talks about books, that will, as best adapted to our columns, give, in a brief, comprehensive, and attractive form, a general idea of the merits of a work, and its adaptedness to meet the wants of the practitioner of medicine.

Our arrangements in this city also include reports of the Discussions before the *Philadelphia County Medical Society*, and choice selections from the *clinical teachings* in our various hospitals. We also receive *select clinical reports* from the best sources in Baltimore.

In addition to this, we are publishing many communications of value on *Military Medicine and Surgery*, and expect soon to commence the publication of a series of articles on the *Medical and Surgical experiences of the United States Navy* in the late war.

It will thus be seen that our arrangements are adapted to give to the Reporter a cosmopolitan character. We intend it to be in all respects a *representative journal* of American Medicine and Surgery, and shall spare no pains to make it a credit to our country. The past course of the Reporter has secured for it the largest circulation ever attained by a medical journal in this country, and the present indications are decidedly favorable to an immediate and very large addition to its circulation. This has encouraged us to take the steps announced above toward perfecting our editorial organization, and if these arrangements are received with the favor we anticipate, we shall in due time be enabled to do still more to add to the value of the Reporter.

In view of what has already been accomplished by the Reporter, and of the announcement made above, we unhesitatingly appeal to our readers to exert themselves to extend its circulation, believing that in thus doing they will be subserving the best interests of the profession.

CENTENARY MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY.

On the fourth Tuesday of January next, will be held at the city of New Brunswick, New Jersey, the regular annual meeting of the Medical Society of that State. The next day will be de-

voted to the celebration, by appropriate exercises, of its *one hundredth anniversary*.

The Medical Society of the State of New Jersey is the oldest *State* Society in the United States, and, we believe, also the oldest medical organization. It was formed by men who were deeply impressed with the responsibilities of the profession to which their lives were devoted. They founded it to promote—by mutual intercourse, communication, and instruction, and by influencing the commonwealth through the means of legitimate concerted action—the interests of a sublime science and a noble art. They were convinced that the true interests of the profession could only be forwarded by uniting all its members in a bond of fraternity, guided by those rules of ethics in intercourse with the community and among themselves, by which a profession becomes respectable, because it respects itself.

The names of the men who, in the year one thousand seven hundred and sixty-six—ten years prior to the Declaration of Independence, in the days when travelling was hard and tedious work, and a journey of fifty miles an *event*—met and formed themselves into a society to promote the interests and advancement of the healing art, should ever be mentioned with veneration, and no less the veterans of the profession yet living, who continued to work in the good cause and bequeathed to us the benefits and blessings of a thorough medical organization.

One of the most interesting features at this coming centenary will be the historical address. Dr. William Pierson has been appointed historian of the Society, and from his intimate knowledge of the past, having been its Secretary for nearly forty years, and representing, we believe, nearly half a century of untired, hard-working self-sacrificing professional life, no one could have been appointed to perform that duty better than he, with whom, we know, it is not a task, but a matter of love.

The address, too, of the President will be awaited with more than the common interest of such occasions. Dr. Coles, who always wields his pen gracefully and thoughtfully, will draw inspiraration from the circumstances of an event which, for once at least, justifies the practical mind in leaving the old beaten track of annual medical addresses, and to strew our path with the fairer and innocent flowers of poetry, instead of henbane and nightshade.

And lastly, the dinner will, we doubt not, be not the least of the pleasant features of the Centennary. While the profession of the State will be present almost in a body, there will be among the invited guests from abroad many of the leading men of our sister States, and of the army and navy, and everybody will be ready to enjoy and make the most of an opportunity which occurs but once in a hundred years, and is the privilege of this favored generation.

NITROUS OXIDE AS AN ANÆSTHETIC.

The use of nitrous oxide gas as an anæsthetic in surgery appears to be rapidly increasing in favor. In a number of capital operations, recently performed in this city, it has been satisfactorily used, the anæsthesia being as complete as that from ether or chloroform.

At one of the clinics of the Ophthalmic Hospital, Dr. Levis remarked that, in the present state of information in regard to its anæsthetic effects, and with the inefficient means of administration, he thought its applicability to surgery very valuable, but limited. It is yet to be determined whether insensibility from nitrous oxide can safely be prolonged during operations which require much time for their performance. The continuance, too, of anæsthesia while inhalation is effected with the usual tubular mouth-piece, requires the voluntary effort of the patient, which may not always be attainable, especially with children and with persons making resistance under temporary excitement. He believed that it might well displace ether and chloroform in most operations of short duration, and in this class could be included the amputations. A decided advantage, particularly for administration at the clinics, is the rapidity with which anæsthesia is induced, and also the speedy revival of the patient without depression or nausea.

In many operations in ophthalmic practice it is applicable, but for the operation of extraction of cataract its anæsthesia has not the relaxed and tranquil character which is desirable.

The preparation of the gas by decomposition of the nitrate of ammonia by heat, and its subsequent purification, are simple, and the cost is probably not one-fourth that of other anæsthetics.

The present intelligent attention to the subject will soon give a proper appreciation and fix the status of nitrous oxide as an anæsthetic, but we can already, from the present evidence, commend it to practitioners for its safety, agreeableness to patients, rapidity of effects, and economy of use.

For a knowledge of this remarkable agent in all its bearings we refer those who are interested, to the exhaustive monograph on "Nitrous Oxide," by Dr. Zeigler, recently published in this city.

Notes and Comments.

Change of Type in Disease.

In an editorial communication in the *British Medical Journal* we find the following:

"As for gonorrhœal ophthalmia, it is wonderful how any patient could get over an attack. One sanguinary authority maintained that 'the lancet must be hardly ever out of our reach; for if ever there was a disease in which blood may be taken away without limitation, it is this.' Another gentleman mildly urged:

"'You will deem it necessary to bleed at the outset of the attack most freely; it would be almost criminal to stop the flow of blood until your patient exhibited symptoms of faintness; and as soon as he rallies and the pain returns, the operation should be repeated until syncope is again produced. At the same time, you would prescribe a liberal dose of calomel and jalap, so as to act freely on the bowels, and afterward tartarized antimony in sufficient quantity to maintain a state of decided nausea.'"

When these remedies had produced sufficient debility, nothing more was needed than scarifications of the conjunctiva, "a quantity of leeches" to each lower eyelid, and a blister between the scapulæ, etc.

It is certainly to be hoped that in our day disease will not play any more vagaries. What should we do if it ventured some fine morning to return to its former type? It is very unpleasant to be ill in these good times. What must it have been a few years ago? If it be correct to assume the theory of a change of type, because the plague has disappeared in this country and cholera has been introduced, it seems to be a logical conclusion that we are threatened with another revulsion, now that the effects of trichiniasis have become developed.

Progress of Cholera.

The latest news from Europe are favorable, the advent of colder weather having had a marked influence on the epidemic. From Spain, France, and England, we learn that the disease is everywhere on the decline, and that there is a fair prospect of entire intermission during the winter. As yet the epidemic has not appeared in any part of Germany.

In the city of New York, too, no further vessels with cholera have arrived. All vessels coming, however, from suspicious ports and carrying passengers who have travelled through infected districts or cities are detained sufficiently long to undergo a thorough process of disinfection.

Now while we shall undoubtedly have a few months perfect exemption from cholera let every nerve be strained and our efforts be doubled to bring our cities into a good sanitary state by early summer.

News and Miscellany.

How Artificial Teeth are Made.

The artificial teeth manufactory of Dr. S. S. White, in Philadelphia, is the largest and best appointed in the country. We take pleasure in giving our readers a detailed account of the visit lately made by a correspondent of the Chicago *Tribune:*

And now, if the reader is ready, we will accompanying him through the apartments devoted to the manufactures. Beginning on the ground floor, we find workmen busy with the crude materials. The feldspar (found abundantly in the State of Delaware,) is thrown in large masses into a furnace, and subjected to a red heat, then plunged into water, which renders it brittle and easily broken by the hammer into small pieces, so that all foreign matters, such as mica or iron, with which it may be mixed, can be separated. It is then washed into a coarse powder, and subsequently ground under water in a mill in which heavy blocks of French burr stone are pushed round on a nether mill stone of the same material until it is an almost impalpable powder—so fine that it will remain suspended in water for a long time. The silex is subjected to the same process.

The colors are long and patiently ground in a mortar and pestle machine, driven, as are the mills, by an eight horse power caloric engine.

The materials are then dried, sieved, and carried to the mixing room, where they are properly proportioned, and again ground in combination into the various mixtures desired. At this stage the body assumes the consistence and appearance of putty; the point enamel of a thick batter, and the outside and gum enamels of cream. The body is now ready for the molders's room, but we must first see how the molds are made. They are made of brass, in two or more pieces, one-half the tooth being represented on either side. Great care is necessary in the construction of these, some of them costing $75 a pair. On them depends the shape and style of the teeth. They must be anatomically correct, and mechanically perfect. It is not that nature is introducing new styles of teeth as the milliners their novelties, but continual approximation is being made to perfection in imitating the endless minor differences in teeth, and in adapting them to new methods of adjustment to the plates to which they are to be affixed. In this manufactory from 700 to 800 molds are in use, making in all upward of 10,000 shapes of teeth.

Here is a spitefully busy little machine, too busy with one particular process to tell us what it is doing, and yet we discover that it is eating wire and spitting out tiny platina pins at the rate of six hundred a minute. Each comes out headed like a solid head brass pin, with rough indentations in the other end, to be firmly held in the plastic body of the tooth until fierce heat makes the indissoluble union. The strength and infusibility and incorruptibleness of the platina makes it the very close companion of mechanical dentistry, leaving the more ornamental utility to gold. Platina is now eight dollars per ounce. The consumption of this metal in this establishment reaches the substantial sum of eighty-six thousand dollars per annum.

We come now to the molding room. Here we see the use of those little platina pins, and are told that there are more than twenty varieties of size adapted to the different sizes of teeth. In each tooth matrix we discover two minute holes which a workman, with rapid tweezers, is fitting with pins of the proper thickness and length, which are to form the future fastening of the tooth to the plate of gold, silver or rubber. The mold is then passed to the next workman, who takes up on a small steel spatula the requisite amount of point enamel, and with this forms the cutting edge of the tooth, and passes the mold to his neighbor, who fills the matrix with body, then closes it. It is then pressed by machinery and deposited in the drying oven.

Carefully watched, it is taken out at the proper moment and emptied of its contents, which, tender and brittle, are laid on clay slides, and subsequently subjected to the process called biscuiting, which is done by bringing them to a cherry red heat. They are now like chalk, and can be cut and filed as desired.

The principal materials entering into the composition of mineral teeth are, feldspar, silex, or flint, and kaolin, or clay, with various fluxes, so known in chemistry, to be more familiarly characterized as glasses, used to determine the point of fusion desired of different parts of the tooth. The general tone or tint of these materials is a white or dusky yellow, so that coloring forms a prime adjunct in the process.

The chief coloring substances are titanium for yellow, platina sponge for gray, blue oxide of cobalt for bright blue, and oxide of gold for red. These with others in varying combinations are used to color the body, point and outside enamels, and to form some idea of the immense varieties of shades or grades of color capable of being produced, you have only to be told that there are more than forty kinds of colors in the bodies used, and an equal number of point and outside enamels. Thus starting with the lightest shade of body known as "A," you may produce forty different grades by using a different point enamel, and on each of these a different effect by the use of various outside enamels, so that with a single body of any one color you may produce 64,000 varieties or gradations of color, and there being thirty-nine other bodies, a smart calculator can determine of how many changes they are capable.

It is not pretended, of course, that all these shades are produced, but some idea may be formed of the need of variety by the fact that out of myriad trials in the way of combinations, one hundred and thirty standard shades are made duly arranged and classified by numbers, forming a gradual but quite perceptible progression from the most delicate blue white to the dark tobacco stained, and for the production of these colors you are not to think of a dyer's vat, but to remember that their bath is a glowing muffle at incandescent heat.

From the biscuiting furnace they are carried to the assorter's room, where they are arranged in sets, and after this the members of a set keep company through all their varied experience. This work is done by small boys, whose quickness of perception qualify them for the work, and who become so expert that they know every tooth and the number of the mold from which it came, as well as they know each other. Arranged in rows in tin waiters, the teeth are now forwarded to the trimmers' room, where the busy fingers of forty tidy and happy looking young ladies smooth them into readiness for the enamelers' room. This also furnishes employment for fair fingers. The enamels are laid on with a brush, and is a work requiring delicacy and care. Having received their coats of enamel, the teeth, descending again toward the ground floor, from which they started, halt in another room to receive the gum enamel, which, when the fire shall have passed its verdict upon them, will reflect the rosy cheeks of the artist who laid it. But, taking up the line of march, they are again halted that other light fingers, the owners of which are called finishing-trimmers, may remove any surplus of enamel from the sides, make true, with fine pointed instruments, the arch of the gum, and lay them carefully on beds of quartz sand in trays of fire-clay, ready for the fiery trial through which they are to pass, and without which they are unfit for life's work.

Beyond this no tool can follow them. Imperfections heretofore could be repaired, but in the future beyond the fire, the tooth is either perfect or a failure irremediable. The furnace is an institution entitled to respect for its intensity. In its centre is a muffle of fire clay, entirely surrounded by the glowing fuel, a charge of half a ton's weight of coal, itself carefully bricked up before firing, that no impurities of dust or vapor shall reach the teeth. Take out the small half oval door of the muffle, and you shall see an inner glow the eye shrinks from registering, an incandescence that startles you by its fervor. In from fifteen to thirty minutes teeth and fire-clay slide, glowing like the oven, are taken out done

and finished. The dull enamel has become as glass; the lusterless oxides have yielded their color, and the tooth that went in friable and brittle, has come out adamant. But there is an intermediate skill, the acquisition of which is one of the marvels of the mechanic arts. A little too long in that heat and the teeth are ruined, and the evils of "underdone" are equally to be guarded against, as in the housekeeper's baking. It is a trained judgment, a skill of eye and handling that enables the burner to lend success to the work of those who have gone before him and at the precise point where a shade of failure is utter ruin.

The teeth are now done and ready for the curious characteristic red-wax cards on which they go into the trade. We have not time to describe the minor processes of preparing color, fluxes, oxides, etc., nor to speak of the manufacture carried on in one of the large rooms, of corundum wheels used by the mechanical dentist in grinding teeth to fit the plate.

In one of the rooms anvils were singing and files at work on some of the smaller steel implements of the dentist, but these are only a part of that branch of the business of the house, which gives exclusive employment to an extensive manufactory in another part of the city, whence the iron and steel in the rough come forth in all the glittering multifarious forms that send a shudder through the observer who looks at the dentist's well filled case.

The processes we have described in Dr. White's establishment, joined to the employment given in his sale rooms, packing rooms, and counting rooms, give employment to over two hundred persons, with a pay roll of between two and three thousand dollars per week, and a product of four hundred thousand teeth per month.

And so passed the morning at the Arch-street establishment.

It is known of dentists throughout the world, and for eighteen years has been taking on those stages of progress that, like its completed teeth, are enameled securely with the success of high-toned dealing and unblemished reputation as to wares and principles. Dr. White was of that class of Philadelphians whose fidelity to loyalty and liberty no trade considerations have ever shaken, throughout the years preceding the war, and in its dark hours, when the patriotism of leading men in business enterprises stood the country in good stead.—*Scientific American.*

The Proportion of the Sexes Born.

Mr. Buckle, in his History of Civilization shows from a careful examination of the statistics of births in different countries that the proportion of boys and girls born is as twenty-one of the former to twenty of the latter, and that no deviation from this rule can be found in a series of years. This ratio is shown to be correct in the latest published returns of births in the State of Massachusetts, where the registry shows 105 boys to 100 girls. There is, unfortunately, no system yet devised by which the national census can show the actual number of births in the United States, but by observing the returns of the number of males and females under one year of age, we can arrive at it approximately. According to the census of 1860, there were 409,914 white male children under one year of age, and 397,527 females, or 103 males to 100 females. The following table shows the ratio of the sexes of all ages in the several States of the Union, according to the census of 1860, and in those foreign countries whose census returns are accessible to us.

	Males.	Females.
Alabama	270,190	256,081
Arkansas	171,477	152,666
California	259,923	98,187
Connecticut	221,851	229,653
Delaware	45,940	44,649
Florida	41,128	36,619
Georgia	301,066	299,484
Illinois	898,941	805,350
Indiana	693,348	645,362
Iowa	353,900	319,879
Kansas	58,806	47,584
Kentucky	474,193	445,291
Louisiana	189,648	167,808
Maine	316,527	310,420
Maryland	256,839	259,079
Massachusetts	592,231	629,201
Michigan	388,006	348,136
Minnesota	91,704	77,691
Mississippi	186,273	167,626
Missouri	563,131	506,358
New Hampshire	159,563	166,016
New Jersey	322,733	323,966
New York	1,910,279	1,921,311
North Carolina	313,670	316,272
Ohio	1,171,693	1,131,110
Oregon	31,455	20,700
Pennsylvania	1,427,943	1,421,316
Rhode Island	82,294	88,355
South Carolina	146,160	145,140
Tennessee	422,779	403,943
Texas	228,585	192,306
Vermont	158,406	155,963
Virginia	528,842	518,457
Wisconsin	406,309	367,384
Total	13,685,834	13,004,372
	Males.	Females.
France	18,641,276	18,741,037
England	8,781,225	9,146,384
Scotland	1,375,479	1,513,263
Ireland	4,016,536	4,152,071
Netherland	1,498,676	1,557,971
Belgium	2,196,594	2,173,679
Sweden	1,687,248	1,795,293
Norway	729,905	760,142
Denmark	692,440	715,307
Schleswig	170,726	183,174
Holstein	241,644	230,720
Spain	7,670,671	7,793,407
Sardinia	2,072,707	2,053,028
Papal States	1,599,729	1,524,449
Upper Canada	497,664	451,020
Lower Canada	444 893	437,749
Total	52,293,343	53,235,687

It thus appears that there were, in 1860, 681,462 more males than females in the United States, and 942,344 more females than males in the other countries enumerated. The discrepancy between the ratios in the United States and Europe is fully accounted for by the statistics of emigra-

tion, the excess of male over female passengers arriving in this country from foreign ports from the year 1819 to 1860 being 942,068.—*Chicago Tribune.*

The Cholera in England.

The British Registrar-General, in his return for the past quarter, just issued, says:

"In the face of the cholera epidemic, which is gathering in threatening clouds around us, the deaths from that disease, and from the allied diarrhœa, deserve careful study. Ever since 1837, when the causes of death were first registered, a certain number of deaths from cholera have been recorded. Such cases, often called English—but more properly summer cholera, as they are met with all over Europe—prevail chiefly during July, August, and September. One hundred and thirty-six cholera deaths were registered in London; and in this quarter's notes a certain number are mentioned by the registrars in every division except the North Midland. One case at Wilsden, in Yorkshire, was registered Asiatic cholera, and another in the Rillington sub-district, fatal in twenty-four hours, presented all the features of Asiatic cholera. All such cases are of ordinary occurrence, and are inexplicable only by those who deny the spontaneous origin of sporadic cases.

"The number of cases at Southampton since the end of the quarter leaves no doubt of the appearance of the epidemic form of cholera, which may either pass over England, or develope in the course of the next twelve months its usual destructive tendency. It is gratifying to know that London and some of the other large towns are now in a far better condition to encounter the epidemic than they were either in 1848—49, or in 1853–54."

Valuable Scientific Gifts.

Nicholas Pike, Esq., of Brooklyn, has recently presented to the Long Island Historical Society, a splendid collection of algæ, a costly herbarium of ferns, and one of zoophytes, and a collection of nearly all the birds of Long Island. These plants and birds have cost him the labor of more than twenty five years as an enthusiastic devotee of Natural Science.

These ferns contain nearly all those found on Long Island, and a large and beautiful collection brought from Portugal, made while resident there for several years as our Consul-General. The zoophytes belong to the family of corals (amimal plants) of the fourth division of the animal kingdom, and contain nearly all the recognized species found in the Bay of New York and around Long Island.

The algæ are of three orders (the technical names we do not give), red, green, and olive. Mr. Pike began his collection more than twenty-five years ago, on the coasts of Maine and Massachusetts, and continued the work, as opportunity offered, down to South Carolina. He then instructed shipmasters and others visiting the coast of South America and California in gathering the rough weeds, till his specimens have been brought from a sea coast of some 20,000 miles.

In 1849 or 1850, Prof. Harvey, of King's College, Dublin, was requested by the Smithsonian Institute to write a work on the Algæ of America. The result was three volumes (folio) elaborately illustrated. Mr. Pike opened his herbarium to Prof. Harvey, and the late lamented Prof. J. W. Bailey, of West Point, and with both of these scholars, at their request, continued to correspond, and to exchange plants for a period of over ten years. Prof. Bailey was one of the best microscopists and naturalists of America or of any country.

In 1853 or 1854 Mr Pike went out to Portugal as Consul, under Mr. Webster as Secretary of State, and during six years there opened a correspondence and exchange with many of the best naturalists of Europe. The algæ alone comprise some ten or twelve portfolios, and all the specimens are beautifully prepared and pressed. It is probably the largest and best collection in America, and contains many thousand specimens. $10,000 could scarcely have procured so valuable a collection as this donated by Mr. Pike to the Society.

Phenic Acid as an Antiseptic.

Experiments have been made to show that the miasmata from putrefying substances may be rendered harmless by means of phenic acid, since it prevents or puts an end to spontaneous fermentation. A piece of perfectly fresh meat was placed within about two yards of one in a state of putrefaction. In eight days it was found merely to have begun to dry, the phenic acid had destroyed the miasmata, so that they were not transmitted by the air. It has been concluded, from these and similar results, that phenic acid is a powerful anti-pestilential agent, and it is considered extremely useful in places where cholera or other infectious maladies prevail.

Preparation of Fluid Extracts.

At the recent (thirteenth) Annual Convention of the American Pharmaceutical Association, held at Boston, Dr. E. Squibb read an important paper on the preparation of fluid extracts, and a modification of the officinal process, which he has submitted to the action of the Committee of Revision. The modified process is thus stated by the *Druggist's Circular:*

"Sixteen ounces of a drug, as for instance colchicum, are to be percolated with alcohol of appropriate strength, adding one pint, and as soon as the alcohol disappears from the top, water is added till fourteen fluid ounces of percolate are obtained; this constitutes the fluid extract; there is to be no evaporation and no excess of alcohol added, and the fluid extract is as strong and a great deal cheaper than if a gallon had been passed through it and evaporated down to a pint. Dr. Squibb also finds that fluid extracts prepared either by this process or by that of the Pharmacopœia are relatively stronger than the drugs from which prepared; while they are perhaps twice as efficient as the majority of those sold by the leading manufacturers."

Pension Examining Surgeons.

The following are recent appointments:

Ohio.—Dr. A. B. Monohan, Jackson Court House.

Tennessee.—Dr. Jos. H. Van Dusen, Chattanooga.

A New Blow-Pipe.

A novel blow-pipe is thus described: "Hendy's blow-pipe consists of an ordinary blow-pipe nozzle supplied from an india-rubber bag. The main portion of the blow-pipe has a flexible mouth-piece, connected with the bag by a joint, at which a valve is placed, which is opened when the operator blows, and closes immediately when he ceases. By this arrangement the little bag or bladder is readily filled at a single breath, and with very little exertion. When so filled, a continuous current of air is forced from the nozzle of the pipe by the mere contractive force of the bag. This is easily turned in any direction as required, by means of the flexible tube to which it is attached."

To be Mustered Out.

The following surgeons and assistant surgeons of volunteers are mustered out of service in accordance with instructions to that effect

Surgeons.—Samuel D. Turnley, H. Earnest Goodman, F. G. Porter, A. B. Campbell, George L. Sutton, J. R. Ludlow, S. E. Fuller, Bernard A. Vanderkeift, G. B. Parker, John S. McGrew, E. J. Whitner, Milton B. Cochran, John O. Bronson, A. P. Dalrymple, Benjamin B. Wilson, Thos. W. Fry, Thomas S. Thomas, John H. Phillips, Oliver A. Judson, Binkitt Cloak, Charles O. Leavy.

Assistant Surgeons.—D. Williams, Franklin Grube, Daniel R. Brown, Aaron J. Comfort, Robert McGowan, J. H. Dougherty, J. Bernard Brinton, J. P. Dowling, J. A. White, Joseph W. Hayward, William A. Cyndan.

The death of the fattest man in the world, M. Helm, is recorded. He was German by origin, and employed in Paris as translator of foreign correspondence. His age was 42; he weighed 500 pounds, and latterly was unable to pass through doors of ordinary dimensions.

MARRIED.

Arnold—Ross.—At Jefferson, Pa., by Rev. Geo. Fraser, Nov. 21st, Guyan L. Arnold, M. D., and Miss Hannah E. Ross daughter of Thos. Ross, Esq.

MacGregor—Rutter.—On Thursday, Nov. 23, at the Church of the Incarnation, New York, by Rev. Dr. Chauncey, James R. Macgregor, M.D., and Alice E., daughter of Mrs. Agnes Rutter of Yorkville.

Moore—Landis.—On the 28th ult., by the Rev. D. H. Barron, Dr. Thomas J. Moore, and Cornelia T., daughter of Dr. J. A. Landis, both of Hollidaysburg, Pa.

DIED.

Adams.—In Brooklyn, N. Y., Nov. 15, Dr. Julius W. Adams, U. S. A.

Loveridge.—In Brooklyn, Nov. 30, Dr. A. Loveridge, aged 77 years.

Phœnix.—Suddenly, at Morristown, N. J., on Thursday, Nov. 30, Lewis Phœnix, M. D.

Taylor.—In this city, Nov. 27, Dr. John E. Taylor, in the 49th year of his age.

Towner.—In New York, Dec. 1, Agnes R., wife of William A. Towner, and daughter of Washington Ritter, M. D., aged 21 years.

Uhler.—In this city, Nov. 27th, at his residence, on Schoolhouse lane, Wm. M. Uhler, M. D., aged 45 years.

OBITUARIES.

Dr. John Lindley.

The death is announced of John Lindley, M. D., F. R. S., whose name has for many years past been intimately associated with the progress of botanical science. He was born at Catton, near Norwich, England, in 1799, and was the son of a nursery-garden proprietor there. He died of apoplexy.

His first literary effort after devoting much of his early youth to the practical details of the science of botany, was the translation of Richard's "Analyse du Fruit," from the French, and the contribution of some papers to the transactions of the Linnæan Society. After that he proceeded to London, where he was engaged by Loudon to assist in the production of the "Encyclopædia of Plants." In 1832 he published his "Introduction to Systematic and Physiological Botany," but his *chef d'œuvre* was the "Vegetable Kingdom," which gives a comprehensive view of the structure and uses of the plants of the known world. For more than a quarter of a century Dr. Lindley filled the chair of botany at University College, and in 1860 was appointed examiner in the University of London. He was fellow of the Royal, Linnæan, and Geological societies, and corresponding member of many continental and American learned bodies. In 1858 he received the medal of the British Royal Society, in reward of his services to the modern sciences.

Dr. T. C. Madison.

Dr. T. C. Madison, formerly of Lynchburg, Va., dropped dead last week in the cars between St. Louis and Alton. He was a nephew of President Madison, and served in the United States Army as surgeon during the Florida and Mexican wars. When the war broke out he resigned his commission and was appointed medical director of General Magruder's army, on the Peninsula. During the last three years of the war he was the medical inspector of the rebel hospitals in Virginia and Tennessee. He was second in rank in the medical department of the rebel army. He had just received his pardon when he died.

Dr. William Irvin.

The latest news from China announces the death of Dr. William Irvin, the United States Consul at Amoy. It is intimated that his sickness was induced by his professional labors among the Chinese during the prevalence of cholera. Dr. Irvin formerly resided at or near Harrisburgh, Penn., and was highly esteemed.

ANSWERS TO CORRESPONDENTS.

Dr. A. D. B., Bowmansville, Pa.—We know of no better work on diphtheria than that of Slade. Price $1.25.

For price of Visiting List, &c., see second page of cover, under "Commutations."

Dr. C. W. R, N J.—Of course! All payments made *before* Jan. 1st. 1866, will be credited at the rate of $4 a year, no matter to what amount. All payments made *after* that date will be at the rate of $5 a year.

To several Correspondents.—We are now able to inform correspondents where they may obtain Jarvis' Adjuster.

METEOROLOGY.

November	27,	28,	29,	30,	D. 1,	2,	3.
Wind	N. W.	N.	N.	W.	W.	S. W.	S.
Weather	Clear.	Clear.	Cl'dy.	Clear.	Clear.	Clear.	Clear.
Depth Rain							
Thermometer.							
Minimum	26°	24°	24°	24°	27°	26°	27°
At 8 A. M.	35	35	33	34	42	39	49
At 12 M.	39	45	37	47	44	52	58
At 3 P. M.	40	41	37	47	42	53	57
Mean	35.00	36 25	32 75	38.00	38.75	42 50	47.75
Barometer.							
At 12 M.	30.2	30.3	30.	29.8	29.7	30.	30.2

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 459.] PHILADELPHIA, DECEMBER 16, 1865. [Vol. XIII.—No. 25.

Original Department.

Communications.

A CASE OF ULCERATION OF THE STOMACH AT THE CARDIAC ORIFICE.

By P. J. Farnsworth, M. D.,

Of Clinton, Iowa.

A Mr. M. called at my office to consult me about a difficulty in deglutition. He was a man in good circumstances, of rather spare habits, about fifty-five years of age. In swallowing any solid, a sort of regurgitation took place, or spasmodic action of the œsophagus, which threw it back. If he succeeded in getting it down, a sharp pain passed through him to his spine. The pain was momentary. Hot liquids or alcoholic liquors affected him in the same way. His digestion was uinmpaired. There was never any retching or vomiting. The difficulty was not constant, but was greatest after fatigue or abstinence. I was unable to connect the symptoms with any disease, and prescribed some simple remedy, and resolved to watch the case for some further developments.

Saw nothing more of the patient for two months, when he came to consult me further about the difficulty, which had so increased that he could only take a diet of the most bland and semi-fluid character. His appetite was good, and his strength unimpaired, but if he attempted to swallow anything solid, the spasmodic action of the stomach and œsophagus took place and threw it up. The difficulty was becoming so great that he could not satisfy his appetite, and he was now suffering from a constant craving for food.

Being a man of strong will, he would sometimes force down a large quantity of food, following each mouthful with a swallow of water. The pain would be excruciating at each gulp, but after the work was over, he would suffer no more pain, but would enjoy himself as any one would after a good dinner. He would sometimes attempt a glass of gin. It would go down in spite of the spasm, causing a thrill of pain, as he described it, from his heart to his spine. The second glass would go down with less difficulty, and the third with no trouble at all. And, though never indulging in such a habit before, he would often drink to considerable excess now.

No remedies tried seemed to have any lasting effect. Blisters over the spine and blisters over the stomach were tried without any relief. Opiates relieved him temporarily.

Several consultations were held, with no satisfactory conclusion. One thought it cancer of the stomach, but there was no cachexia. Another that it was stricture or a saculation of the œsophagus. Several symptoms militated against such an idea. The patient at last became very much emaciated, and we resorted to nourishing enemas. The pain in the stomach now became constant, with a craving desire for food and drink, which the injections did not satisfy. Gases collected in the stomach, which were eructated with much distress.

At last, he sank under it, and died about eight months after the first consultation. We proceeded to hold a post-mortem examination. We found the lower part of the stomach healthy, the upper half much inflamed and ulcerated; the œsophagus without any stricture, but just below its opening into the stomach a thickening round an old ulcer, that had finally penetrated through the stomach posteriorly.

Here then was an explanation of the anomalous symptoms. The food, before entering the stomach in the motion of deglutition, irritated this ulcer, causing the spasmodic action which threw back the food. The remainder of the stomach was healthy, and the ulcer was so situated as not to be affected by the peristaltic action of the stomach.

It was an instructive case to me, and has since in one or two instances led me, I believe, to a correct diagnosis and treatment of slight ulceration or inflammation near the cardiac orifice of the stomach, which may be treated with rest and bland diet, and remedies that will reach the ulcerated part without drenching the whole stomach. A slight ulceration or considerable inflammation in other parts of the stomach impair digestion and

create much pain, while a sore near the cardiac orifice of the stomach may not affect the appetite or digestion until by long irritation it has ulcerated through the stomach, or the inflammation has become general.

Hospital Reports.

Philadelphia Hospital,
November, 1865.

Medical Clinic of Dr. J. L. Ludlow.

Reported by A. M. Shew, M. D., Resident Physician.

Pleurisy.

Hannan R., æt. 44, has been a soldier. Four weeks ago, he was attacked by intermittent fever of the quotidian form, which had continued about two weeks, when he was seized with severe pain in the right side, or as he said, a "stitch in the side;" and, gentleman, this word *stitch* gives you a better idea of the pain experienced in pleurisy than anything of which I can think. It is not like the dull aching pain of pneumonia, but is a sharp catching sensation felt under the nipple or in the axilla, when the patient breathes or attempts to move in bed.

From your anatomical studies you learn that the pleura, after covering the internal walls of the thorax, is reflected over the lung, and thus we have two smooth surfaces in contact. In health, these surfaces move one on the other as softly and noiselessly as the most delicate machinery. But let this delicate serous membrane suffer inflammatory action, and auscultation will reveal, in place of the soft smooth sound, a roughened condition—likened to the rubbing together of two pieces of new leather. This constitutes the first or dry stage of pleurisy. If the two inflamed surfaces unite, the disorder does not usually pass beyond this stage.

The symptoms are slight fever, flushed face, impaired movement of the chest, feeble respiration and clearness on percussion. Often, however, the inflammation continues, an effusion of serum occurs, and we have a train of symptoms constituting the second stage. The physical signs in this stage vary according to the amount of fluid contained in the pleural cavity. A small quantity will be indicated by dulness low down and clearness above, while a large accumulation drives all the air out of the lung, compresses it into a small space, and we find great dulness over the whole side. In this stage there is dyspnœa, a dry irritating cough, livid countenance, and danger from suffocation.

The young physician will often be puzzled in diagnosing acute pleurisy from pneumonia. Both are affections accompanied by cough, dyspnœa, and dulness on percussion. But the dulness in the latter disease is far less absolute than in the former, while the absence of respiration in pleurisy is in direct contrast to the blowing respiration of pneumonia. The febrile symptoms in pneumonia are always severe, excepting in cases where there is a typhoid condition, or the pneumonia is, as is termed, latent.

In the treatment of acute pleurisy, it will be necessary for you to be guided by the condition of your patient. A delicate, feeble, half-starved female would not require what is commonly called an active antiphlogistic treatment. On the other hand, if I found the pulse bounding with high fever in a plethoric individual, I should not hesitate in taking blood from the arm. In these latter days we do not often use the lancet, it has become unfashionable. But, gentleman, let me beseech you not to be fettered to a doctrine which prevents you from using any remedy which the particular circumstances attending the case may necessitate. A good common sense should be the practical chart by which you are guided. When you are doing well under any form of treatment, stick to it.

During the last few years, much has been said and written about the use of stimulants in pulmonary affections. I think in England the profession has gone too far in this matter. In this institution we have had quite as good success by treating according to general principles. You must remember that the patient is drowned internally—the lung is pressed. Therefore stimulate the secretions, get the kidneys at work, bowels open. In those extreme cases, when everything has been done without relief, I should tap the thorax. It is a dangerous remedy, but there is death without it.

Aneurism of the Abdominal Aorta.

Joseph A., æt. 57, tassel maker, came to this country from France in the year 1852. During the summer campaign of 1861, while on a march with the Army of Virginia, he was seized with a severe pain in the left side, which obliged him to leave the ranks to be conveyed to the camp hospital; not, however, until he had remained out in an exposed condition one night. In this hospital he was under treatment six weeks, when he obtained his discharge, and was soon after admitted to the Pennsylvania Hospital, where he remained three months without any apparent improvement. He entered the Philadelphia Hospital on the 22d day of April, 1862, complaining of "weakness and pain in the left side." Upon examination, a small pulsating tumor was discovered in the posterior region of the abdomen, near the ninth or tenth rib. This gradually increased to the size of a man's fist up to the latter part of February, when it appears to be slowly diminishing.

During all this time he has complained of sharp shooting pains through his abdomen. One of the peculiar phases of this case is dropsical effusion in his scrotum and peritoneal cavity, which appears and disappears very suddenly.

I have had this interesting case brought before you, gentlemen, for the purpose of showing you how long a man may live with a very serious affection decidedly fatal in character. The subject of aneurism, as found in the extremities, belongs properly to the domain of surgery; it is only those cases occurring in the abdomen or thorax that come under the attention of the medical practitioner. I shall, therefore, only allude

to this class. An aneurism is a pulsating arterial tumor, caused by excessive muscular exercise, with a diseased condition of the arterial coats, a blow, etc. Among the various forms I will mention those which consist of a weakened condition of the coats of the vessel with more or less dilatation. This dilatation may be uniform, the whole artery being enlarged, or partial. in which only one side is expanded, making a sack or pouch.

Another form, called a dissecting aneurism, in which the blood passes between the first and second coats. and finally bursts through the outer coat. It opens back again into the original channel of this vessel. In the pouch form there is a tendency to the formation of lamina, like the leaves of a book, and in this way a natural current may be formed through the tumor. Very serious results often follow the continued pressure of these tumors, soft though they may be, upon the bones of the vertebral column; erosion of the bodies of the bones frequently supervene with disarticulation of the ribs from the vertebræ. Patients afflicted by aneurism high up, often experience great difficulty in swallowing, caused by direct pressure upon the œsophagus, or of some of the nerves supplying the parts.

This patient complains of sharp pain in the elbows, axilla, and back. When the hand is placed over the tumor an impulse is communicated, and in many cases, as in the one before you, a distinct prominence and alteration in the form is discovered. By auscultation a peculiar blowing sound, like the purring of a kitten, is distinctly heard, a good diagnostic symptom.

When I first saw this patient he was suffering agony. I did not believe he could survive many days, and yet nearly four years have passed, and he is still quite comfortable. The treatment has been entirely palliative, consisting in the administration of morphine, and occasionally a mild laxative.

By referring to old books you will find that nearly every article in the Materia Medica of a sedative character has been tried in the treatment of aneurism. Valsalva resorted to slight venesection, often repeated, and light. Others have been gratified in using acetate of lead. I have often made use of the following prescription:

℞. Tinct. digitalis, ℥j.
Morph. acet. gr.ii.
Aquæ camph., f.℥jj. M.
S. teaspoonful occasionally.

The patient should be kept quiet, and attention paid to the digestive organs. Avoid all excitement—let him live like an oyster. Death may occur suddenly as the result of bursting of the coats of the artery.

M. Jobert De Lamballe.

It is stated that the distinguished surgeon of the Hotel Dieu, Paris, and surgeon ordinary to the Emperor Napoleon, M. Jobert de Lamballe, has been unfortunately seized with mental alienation, and has been conveyed to a private mad house. Hard labor in scientific pursuits has brought about this lamentable occurrence.

University of Maryland,
November, 1865.

Surgical Clinic of Prof. N. R. Smith.

Reported by J. W. P. Bates, M. D.

Nervous Shock.

Man, æt. 25. This man came in to-day. He was injured by a bank falling upon him. There are no broken bones nor marks of violence. He has epigastric pulsation, which alarms him. It is often mistaken for aneurism. In this case it is dependent upon nervous shock. He needs no especial treatment; rest and quiet will restore him in a few days.

Necrosis of the Jaw from Decayed Tooth.

Man, 47. Here there is a fistulous opening about midway between the angle and the symphisis of the lower jaw. This man has had this disease for two or three years, and it came from a diseased tooth. Was an alveolar abscess in the first place; these abscesses are often productive of a great deal of trouble. I have seen them extending as far down as the clavicle, and cured promptly by the removal of the tooth. They are very often improperly treated; caustics are applied and stimulating applications, but they are useless so long as the cause of the malady remains. This presents no malignant character. On introducing the probe we touch the alveolar process. These abscesses often follow disease of the teeth—the tooth becomes a foreign body and keeps up the irritation. The pus often makes its way into the mouth and no evil results; at other times it opens through the face and leaves a fistulous opening. It seems strange that a dead tooth should produce such an amount of injury, but as the tooth is dead it acts as a foreign substance does in any other part of the body. We will extract the tooth, which is so much decayed as to render extraction difficult; we will also remove all portions of dead bone. There is a carious surface left, but we will inject with acid. muriat. gtt. x. aquæ f.℥j. to dissolve the earthy matter. The last two molars are diseased, and I shall order their removal.

Hæmorrhoids.

Man, 50. This form of disease is very common, and almost invariably results from constipation of the bowels. When the bowels are moved seldom a great deal of expulsive effort is required, and the blood is forced down, and congestion is produced. The veins concerned in this disease pertain to the portal system, and have no valves, which makes them more liable to a varicose condition. Pregnancy is also one of the causes. There are two varieties of hæmorrhoids—external and internal—which differ from each other in anatomical character. The internal are of two kinds—an enlargement of the veins, which bleed very much when the person has an action of the bowels, and is very common among old men; and an erectile tumor, sometimes having the appearance of a bunch of grapes, and vascular like the spongy portion of the urethra. The treatment is palliative and radical. In regard to the first,

open the bowels, (and for this purpose nothing better than the saline cathartics); keep in a recumbent position, with hips elevated. Sometimes leech, but it is rarely necessary; apply watery solution of opium (℥j. to Oj.) cold; pack lint wet with it around the diseased parts. Sometimes use plumbi acet. in connection with the solution of opium, ice water, or pounded ice. After inflammation has subsided,

℞. Sulphuris, ℥j.
Pulv. sennæ, ℥j.
Pil. hydrarg., ℥ss. M.

Take a heaping teaspoonful every other night; and apply

℞. Pulv. gallæ,
" opii, āā ℥j.
Cerat. simp., ℥j. M.

If you wish to make a permanent cure apply a ligature to these vascular excrescences; if you cut them off the patient may bleed to death as the hæmorrhage is very difficult to control.

External hæmorrhoides, as in the case before us, are much more simple; they consist of small warty excrescences, containing coagulated blood or lymph. If this be allowed to remain it becomes organized, and becomes condylomatous, and irritates the surrounding parts. Here there are several of these tumors which we will lay open and press out the contents. Dress with a simple lotion.

Medical Clinic of Prof. McSherry.

Pathological Specimens: 1. Ulceration of Intestines, etc.

I have here two pathological specimens to show you; the first is the intestines of a man who died of chronic dysentery. He was in the house about three weeks, but at no time was there a reasonable hope of his recovery. The disease was contracted in the south, and is very frequently met with in malarial districts. All the usual remedies were tried without effect, and he gradually grew worse. Toward the latter part of his life we only gave him pills of one grain of opium three times a day, and an enema of starch and laudanum. He had been accustomed to take a good deal of opium, and it was allowed to relieve his distress and give him an easy death. He was troubled with obstinate tenesmus and small mucous evacuations, which only served to increase the irritation. You know there is a great difference in the discharges of diarrhœa and that of dysentery; in the former there is a profuse flow of fecal matter, and it is often not advisable to check it, especially when dependent upon irrita ting ingesta, as it will cease with the cause. In the latter, the discharges are small, and consist of mucus or mucus and blood. You can often give relief by a purgative which will produce a good fecal discharge. You notice here that the large intestine is much diseased, and there are patches of ulceration. The small one is very much congested. The glands of the mesentery are enlarged; the liver is friable. In about one fourth of these cases you find abscess of the liver. These are the usual pathological appearances you meet with in chronic dysentery.

2. Cancer of the Pylorus

A few weeks ago I was called to see a man, 49 years of age, who had been suffering from what was supposed to be dyspepsia for the last twenty-five years, but more severely during the past year. Last fall he fractured his leg, and the confinement aggravated his dyspepsia. He had been under the care of different physicians, but they failed to give him any relief. I thought, from the history of the case, that it was an aggravated case of dyspepsia, and might be relieved by simple treatment and attention to diet. He vomited nearly everything—it would stay down about half an hour, but would then be ejected, and as a consequence he was much emaciated. He said he also had a feeling that nothing passed through him; he used injections, but they only relieved the lower bowels. I gave him bismuth, and milk and lime water, and also a pill composed of blue mass, ext. colocynth. co. and ext. belladon. to relieve the pain. The next day the stools were blackened, which seemed to prove that the bismuth had passed through. He grew worse, and I examined his abdomen, and found a tumor near the umbilicus, which made the case more grave than I first thought it. Prof. Wiltenberger was then called in consultation, and we agreed that nothing could be done but give relief, as the tumor was probably carcinomatous. He had had vomiting of blood, which is often connected with cancer of the stomach. He died a day or two ago, and here is his stomach. You see here a scirrhus tumor occupying the pyloric orifice and allowing little if any matter to pass. The small intestines were congested, which nearly always occurs in persons who die of starvation, as this man did. The liver, spleen, and pancreas appeared to be healthy. His case has been one of gradual starvation. A person will live longer with pyloric cancer than cardiac, for the former will allow some small portion to be absorbed before it is ejected, while the latter will allow nothing to enter the stomach.

Editorial Department.

Periscope.

Strumous Ophthalmia with Reflex Contraction of the Orbicularis Palpebrarum.

Under the above title Dr. Athol A. Johnson publishes an article in the *Lancet*, of which the following are the main points:

1. One form of strumous ophthalmia is characterized by *inability* to open the eye in consequence of *involuntary* contraction of the orbicularis palpebrarum.

2. This reflex contraction is in relation with hyperæsthesia of the retina or first nerve *alone*, or (more generally) of the ophthalmic branches of the fifth likewise.

3. The hyperæsthesia of the conjunctival, lachrymal, and nasal branches induces the reflex acts of closure of the eyelids, lachrymation, and sneezing.

4. The hyperæsthesia is occasionally uncomplicated, but in most cases it is soon followed by low inflammation of the conjunctiva, cornea, etc., dependent possibly on the impaired nutrition of the membrane from the altered nervous action, as well as from the mechanical irritation of the parts.

5. For the relief of this hyperæsthesia and spasmodic contraction of the lids, such medicines as belladonna, hyoscyamus, conium, or stramonium, which allay nervous sensibility and relieve spasm of the sphincters, would seem to be indicated, and of these belladonna certainly has been found to be practically useful.

Oleum Erigerontis Canadensis as a Remedy in Hemorrhage, Diarrhœa, and Dysentery.

Dr. J. W. Moorman, of Hardinsburg, Ky., recommends in the *American Journal of Med. Sciences* the use of oleum erigerontis canadensis in the treatment of hæmorrhage, diarrhœa, and dysentery. Several favorable cases are related. The usual dose according to the U. S. Dispensatory is from five to ten drops, but Dr. Moorman has given it with benefit in much larger doses—from ℥ss. to ʒj. "It may," he says, "be given in a little water, to which a small quantity of sugar may be added. In cases of hæmoptysis, 10 or 15 drops may be placed on a handkerchief and inhaled at the same time it is taken internally. The same method will answer in epistaxis. In diarrhœa 15 drops every 4 hours until it is relieved, will in most cases be sufficient." Although in dysentery Dr. Moorman has not obtained the gratifying results claimed by some, more or less advantage has in every case been derived from its use. He concludes: "In hæmorrhage and diarrhœa of debility I know of no better remedy, and I trust the profession will give it a trial, and let us know the results."

Varicose Veins.

Maisoneuve, writes the correspondent "J." of the *Chicago Medical Examiner*, gave me the statistics of his operations for the cure of varicose veins, by injections of per-chloride of iron. He reports 365 operations, 364 cures, and one death. In the fatal case, the tr. of iodine was used by mistake for the per-chloride of iron. A surgeon of large experience, who has had good opportunities to observe his cases, expresses some doubt as to all the others being *cures*. The operation, if carefully conducted, seems to be safe, and is probably as successful as any other.

Anæsthesia by Nitrous Oxide Gas.

Dr. Carnochan performed two severe surgical operations on Saturday last, at Ward's Island Emigrant Hospital, while the patients were under the influence of nitrous oxide gas, administered by Dr. Colton. The operations in both cases consisted in the amputation of the leg above the ankle. The patients said that they knew nothing of what had taken place, while one declared, on waking, that he had not been asleep, and the operation had not been performed! Dr. Carnochan and several surgeons who were present, expressed themselves well pleased with the effects of the gas. It required less than one minute to put the patient asleep, and after the operation was completed, and the gas removed, the patient recovered entire consciousness in about twenty seconds. There was no vomiting or sickness attending or following the operation, and the patient awoke as fresh as from a natural sleep.

Continued Fever.—Abuse of Cathartics.—Strychnia.

In a clinical lecture on continued fever by Prof. N. S. Davis, of Chicago, published in the *Chicago Medical Examiner*, that eminent physician remarks that, after nearly thirty years of careful observation at the bedside of the sick, he has become satisfied that, under existing circumstances—subsultus, weak pulse, oppressed breathing, dingy or leaden hue of the skin, and great mental dulness—strychnia is a far more reliable remedy for sustaining the nervous functions than alcohol, while the effects of the latter, in diminishing the decarbonization of the blood, makes it positively detrimental to the already seriously embarrassed condition of the lungs.

In regard to the use of cathartics, Prof. Davis says: "The apparent torpor of the bowels, coupled with the coated tongue and intense headache, in the early stage, has often led the patient, and sometimes under the direction of his physician, to use active cathartics, and in a few instances emetics. I have known of no instance in which such a course has not been productive of very bad consequences. It often induces an early and excessive prostration, coupled with a fixed congestion of the intestinal mucous membrane, greatly favoring softening of the membrane, and intestinal hemorrhage in the more advanced stage of the fever. I think I have never known a case of typhoid or typhus fever, in which active emetics or purgatives were used in the early stage, that did not run a protracted and dangerous course.

Tumors removed from the Larynx.

At a recent meeting of the Pathological Society of London (*British Medical Journal*), Dr. Gibb exhibited two tumors removed from the larynx. The patient, a lady, aged 38, had had aphonia for six years, and during a great part of the time had labored under orthopnoea. On examination with the laryngoscope, a long fleshy bulbous growth was found arising anteriorly below the origin of the true vocal cords. It was removed by the laryngeal écraseur, when a second tumor was discovered, which was also removed six days afterward. The voice was immediately restored, and the patient soon recovered. The tumors consisted wholly of epithelial cells.

Giuglini's insanity and death were produced by things taken to prevent corpulency, and to give an interesting pallor to his complexion.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 16, 1865.

ENLARGEMENT AND INCREASE OF PRICE.

The pressure of literary material on our columns makes it necessary to announce an increase of the size of the Medical and Surgical Reporter. This increase, together with an improved external appearance, will take place from the first of January next; from which time the subscription price will be Five Dollars per annum. The cost of paper and labor seem to be permanently fixed at high rates, and we are compelled to accept the situation, and graduate our subscription rate accordingly. If these expenses lessen, or a liberal support justify it, we shall be enabled to further enlarge the work, or expend more on the literary department, or perhaps do both.

☞ *All advance payments made prior to January 1st, 1866, will be credited at the present rate of $4 per annum.* Payments made *after* that date, will be credited at the rate of $5.

ANNOUNCEMENT of THE FOURTEENTH VOLUME.

The Fourteenth volume of the Medical and Surgical Reporter begins with the first issue of January, 1866, and we take pleasure in announcing that we have effected arrangements that will place it on a better footing in a literary point of view than ever before. These arrangements include some new features, among which are the following:—

A Resident Editor for New York City,

who will attend to all matters of general interest to the profession that emanate from that important medical centre. Full and intelligent reports of the transactions of the two chief medical Societies of New York, viz., the Academy of Medicine, and the Pathological Society, will appear regularly in our columns. The discussions before these societies are participated in by the *principal Physicians and Surgeons* of that city, and embrace every variety of subject interesting to medical men. Our columns will also be supplied with selections from some of the best clinics held in New York. All medical matters of interest arising in that field, will be independently and freely commented on. This arrangement will give New York and its medical interests a full representation in our columns.

In this city, our editorial arrangements include a chief editor, who devotes himself to the

General Editorial Management

of the work, and to medical matters in this centre of medical education and publication. We have also engaged the services of one of the most erudite scholars in the ranks of the medical profession to take the special charge of the

Review Department of the Reporter.

New works of importance will be *fairly and independently* reviewed at moderate length, but a large part of the issues of the press will be noticed in a series of articles in the form of *Familiar Notes on Books*, or talks about books, that will, as best adapted to our columns, give, in a brief, comprehensive, and attractive form, a general idea of the merits of a work, and its adaptedness to meet the wants of the practitioner of medicine.

Our arrangements in this city also include reports of the Discussions before the *Philadelphia County Medical Society*, and choice selections from the *clinical teachings* in our various hospitals. We also receive *select clinical reports* from the best sources in Baltimore.

In addition to this, we are publishing many communications of value on *Military Medicine and Surgery*, and expect soon to commence the publication of a series of articles on the *Medical and Surgical experiences of the United States Navy* in the late war.

It will thus be seen that our arrangements are adapted to give to the Reporter a cosmopolitan character. We intend it to be in all respects a *representative journal* of American Medicine and Surgery, and shall spare no pains to make it a credit to our country. The past course of the Reporter has secured for it the largest circulation ever attained by a medical journal in this country, and the present indications are decidedly favorable to an immediate and very large addition to its circulation. This has encouraged us to take the steps announced above toward perfecting our editorial organization, and if these arrangements are received with the favor we anticipate, we shall in due time be enabled to do still more to add to the value of the Reporter.

In view of what has already been accomplished by the Reporter, and of the announcement made above, we unhesitatingly appeal to our readers to exert themselves to extend its circulation, believing that in thus doing they will be subserving the best interests of the profession.

THE AMERICAN PHARMACEUTICAL ASSOCIATION; ALCOHOL AND REVENUE LAWS.

There is no Association of a scientific and practical character in the United States, the proceedings of which evince more thorough research and investigation, and whose members appear more zealous, and inspirited by a high sense of responsibility, than the American Pharmaceutical Association. We have read the minutes of the last Convention, held in September last, published in the *American Journal of Pharmacy*, and we can assure our readers that, while the proceedings of that body are characterized by much scientific research, the suggestions regarding most important questions of change in pharmaceutical practice, are always made and sustained in a spirit of impartial inquiry, and guarded by a degree of sound common sense, which might well be held up as an example to all similar associations.

Among the papers read was one by Dr. Squibb, on the economy of Alcohol in percolation. Whatever emanates from the pen of this eminent pharmaceutist cannot fail to attract attention, not only among pharmaceutists proper, but among medical practitioners. The object of the writer, in stating his experiments in fractional percolation, accompanied by analysis and therapeutic testings, "is to determine when a substance was exhausted by careful manipulation in a percolator, so as to ascertain to what extent the quantity of menstruum might be decreased without interfering with the value of the preparation. It is also suggested, that if at a certain point the percolation be stopped, the resulting percolate has the medicinal value of the standard finished preparation of the Pharmacopœia; that is to say, in many instances a simple percolate, in bulk three-fourths to seven-eighths of the officinal quantity from 16 troy ounces of a drug, is equivalent in strength to the officinal fluid extract, so that the large remainder of the alcohol directed in the process is consumed to isolate the remaining one-fourth or one-eighth, as the case may be. If now the process be stopped, and the drugs thrown aside, it is argued that the result arrived at in the Pharmacopœia is obtained with much less cost; a little of the drug being sacrificed to save a large portion of costly alcohol."

A very interesting discussion followed the reading of Dr. Squibb's paper, in which Profs. Parrish, Procter, Mr. Maisch and others participated. This question will probably come up before the next convention for revision of the Pharmacopœia.

A question of national importance was in regard to the internal Revenue Law, as it affects licenses and sales, and the cost of alcohol used in pharmacy. Prof. Parrish read a paper on the English Revenue Law, with special reference to alcohol. The discussion to which this paper served as a starting point, embraces the whole subject, and as there seemed to be almost general acquiescence in the views expressed by Dr. Squibb, we make a few quotations from his remarks:

"The price of alcohol does not affect the pharmaceutist to the extent that is urged. Whatever the price of alcohol, he obtains the same profit he formerly did; so do the manufacturer's profits remain the same. Hence I maintain that the interests of pharmaceutists are not so deeply involved in this question as at first sight they appear to be. The consumer is the person who pays. If we wish to diminish the price to the consumer, it is well to take up the question.

"The next point is this: the object of the law is to raise revenue, which is rendered necessary by debt. This revenue must be levied and paid by taxes upon articles of consumption. Is not alcohol as good an article for taxation as any other? Should we desire to evade these taxes in their application to pharmacy, simply because we have so careful a scrutiny of the interests of the consumer? Should we not rather allow them to be imposed without objection on our part? If, however, it should be found that it bears unequally, that it falls with more severity upon us than upon others, then we can take the matter up and bring it before the proper authorities. I am not opposed to any measures having in view an equalization of taxation, so far as they are intended to equalize; but my impression is that every step that is taken, by any special business, or any special interest, to reduce taxes, is a step toward something like repudiation. I hope nothing will be done by this Association in that direction. Let us come up manfully and willingly and pay these taxes, and accept also the fact that the people in authority at Washington know what they are about. I am opposed to any interference with the national legislation upon the subject of taxation of alcohol."

A committee of five was finally appointed to take into consideration the whole subject of the internal Revenue Law in its relations to the objects of the American Pharmaceutical Association, with special reference to the Alcohol question, with authority to confer with the Committee on Ways and Means of Congress, and the Commissioner of Internal Revenue.

Notes and Comments.

A Brevet worthily bestowed.

We are much pleased no notice that among the brevets so lavishly bestowed of late by the Government on those who distinguished themselves during the war, the late Surgeon-General Finley has not been overlooked, the brevet of Brigadier-General having been conferred on him. Indeed, this is but tardy justice, considering the vast amount of service he rendered in the early days of the rebellion, in adapting the thoroughly organized medical department of the Army to the new order of things, planning and organizing military hospitals, providing for vast armies, and other arduous labors, much of the credit of which was assumed by others. Dr. Finley was, some time since, placed by his own request, on the retired list, and is now, after long, arduous and faithful service, wearing his honors with ease and dig-

nity, respected by all who know him, and by the Government he served so well.

Cincinnati Lancet and Observer.

Drs. Murphy and Stevens, the editors of that excellent monthly, the *Cincinnati Lancet and Observer*, have just closed up ten years of editorial labor. They commence a new volume with the issue of January, without increasing the present subscription rate of $3 per annum. The *Lancet and Observer* is one of our best medical journals, and its conductors having bravely fought their way through the troubles and trials of the past five years, are entitled now to a hearty support from the profession, and we trust they will receive it. A liberal patronage of a few independent journals, thus giving their conductors the means of improving them, will be greatly to the advantage of the profession.

Physicians' Hand-Book of Practice.

We have received from Townsend, of New York, the Physician's Hand-Book of Practice for 1866. It is well known to the profession, this being the ninth year of its issue. This edition has been somewhat modified and improved. Its distinctive features consist in a Classification of Diseases, a Ready Method in Asphyxia, Poisons and their Antidotes, Diagnostic Examination of the Urine, The Pulse, List of Incompatibles, Weights and Measures, Abbreviations, Materia Medica, Index of Common Names of Remedial Agents, Extemporaneous Prescriptions, etc. etc., besides Daily Record of Practice and Treatment, and other blank pages for Memoranda, etc.

University of Michigan.

The Department of Medicine and Surgery in the University of Michigan was opened in 1850. It employs ten professors and instructors, has a six months' course, and the class attending the present course of lectures numbers over four hundred and fifty. This is worthy of note as being the largest medical class ever assembled west of the mountains.

Expenses of the Medical Department of the U. S. Army.

It is estimated that the expenses of the Medical Department for the present fiscal year will be three-fourths less than those of last year, when they amounted to nearly twenty-three millions. The Department has now on hand sufficient supplies to meet the requirements of an army of five hundred thousand men for one year.

Government Hospital for the Insane.

In his annual report, the Secretary of the Interior alludes as follows to the Government Hospital for the Insane:

I invite the attention of Congress to the tenth annual report of the Board of Visitors, and the thirteenth annual report of the Superintendent of Construction of the Government Hospital for the Insane.

These papers exhibit the condition of the institution during the past fiscal year, and present, in addition to statistical information, many valuable and highly instructive suggestions. The number of patients under treatment at the commencement of the year was 351; including 191 from the Army, 18 from the Navy, 2 from the Soldiers' Home, and 4 rebel prisoners. The number admitted during the year was 515; of whom 426 were from the Army, 10 from the Navy, 72 from civil life, 3 from the Quartermaster and Subsistence Departments, and 4 were rebel prisoners. The whole number under treatment during the year was 866, of whom 645 belonged to the military or naval service. One hundred and forty-seven died. There were discharged, as recovered, 348; as improved, 101; and as unimproved, 9.

Congress failed at its last session to make the required appropriation for the support of the Hospital, and with your approbation I negotiated for that purpose a temporary loan. Attention is invited to the subject, as the money was obtained on most favorable terms from the First National Bank, to whose officers assurances were given that Congress would provide for its repayment at an early period of the approaching session.

The Hospital was established for the treatment of the insane of this District, as well as of the army, the navy, and the revenue cutter service. It has from its origin been conducted in such manner as to merit and receive the uninterrupted confidence and patronage of Congress. Its success and usefulness are due in a great degree to the Superintendent, who has been identified with its history, and who brings to its service professional attainments of the highest order, long experience, and unsurpassed fidelity in the discharge of his arduous and delicate duties. He has received the active coöperation of the Board of Visitors and of his subordinate officers. His salary was originally fixed at its present rate. The propriety of increasing it is presented for the consideration of Congress.

Erratum.—In the Reporter of Nov. 25th, p. 356, in the article entitled "Reformed Inebriates," the name of the author is given as Dr. "*Garrison*," instead of Dr. J. H. Griscom.

Chloroform as an Internal Remedy.

Dr. A. P. Merrill, of New York, publishes in the *American Jour. of Med. Sciences* another article on the internal use of chloroform in congestions of intermittent fever, etc. Thirteen cases are related. The remedy is generally given in drachm doses.

Tooth Extracting, with Nitrous-Oxide Gas as an Anæsthetic.

Dr. Colton, of New York, dentist, who was identified with Dr. Wells, of Hartford, in his earliest experiments in the production of anæsthesia for dental and surgical operations, has opened a branch establishment in this city for the purpose of extracting teeth under the influence of the nitrous-oxide gas. His office is at No. 737 Walnut street.

The nitrous-oxide gas is also used by other dentists of this city in their operations.

Correspondence.

DOMESTIC.

Epidemic Jaundice.

Editor Medical and Surgical Reporter:

I notice, in the number for Nov. 25, among the reports of the Vermont Medical Society, an account of an epidemic jaundice. In the city of Lyons, Iowa, during the latter part of the summer, and through the fall, the jaundice has prevailed. Two or three hundred cases, or more, have come to my knowledge. I have treated more than a hundred cases. Clinton, a mile and a half below, a place of the same size, and only situated on a little lower ground, has had, as far as I can hear, only two or three cases.

The symptoms are a nauseated state of the stomach for a day or so, sometimes producing severe vomiting; then the yellow hue on the skin; then, in most cases, constipation, though sometimes a diarrhœa; a feeling of extreme lassitude; a furious itching for a night or two, then the disease passes off.

I have tried various modes of treatment, active and expectant, with about the same result. The Vermont doctors incline to large doses of calomel. I tried it, and also podophylline and other cathartics, also emetics, and lastly diuretics. My conclusion is that they use calomel because it has been handed down by *tradition*, and that a little brick-dust and croton oil would be just as effectual, and much safer.

The emetic seemed to cut it short the soonest. I think the best remedy is acetate of potash in ʒj. doses, or if the stomach rejects it, bitartrate of potash. Under this treatment, the disease passes off in four to six days. In some cases, where there was chronic difficulty with the liver, I used blisters, with good success. Lying-in women and new-born babes seemed particularly liable to the disease.

My idea of the pathology of the disease is that it is a sub-acute inflammation of the liver, perhaps an inflammation of some particular tissue of the liver; somewhat analogous to Bright's disease of the kidney. The bile, like the urea, not being separated from the blood; with this difference—that the one is a transient, self-limited disease, while the other is incurable. For this reason, mercurials, if used in such quantities as to specifically affect the liver, are in this disease a positive injury. In very large doses, they act as mild cathartics of a harmless nature, and are beneficial by stimulating the other excretory organs, and in no other way.

In Clinton, the prevailing disease has been a very mild form of remittent fever, very prevalent, however. The summer with us has been very wet and cool, especially the months of September and October. While you had no rain in September, we had over ten inches.

Yours truly,

P. J. Farnsworth, M. D.

Clinton, Iowa, Dec. 4, 1865.

Two Cases of Congenital Ichthyosis occurring in one family.

I was called a few days since to see two children with what the messenger denominated "scurvy of the skin." Found the children had healthy Norwegian parents, free from constitutional taint. The elder child was a male of eight years. The ichthyosis covered the entire surface of the body. The other child was about six weeks old, a female, with almost entire ichthyosis of the body, the face and hands being partially natural. There were two other children in the same family who were perfectly healthy in every respect.

What I report the above cases for, is to see if any of my professional brethren can account for the interruption in the congenital defect, eight years having elapsed since the disease appeared in the first case, in the mean time the mother bearing two perfectly healthy children. Could mental emotion have produced the second case? If so, why were not the second and third children affected with the disease?

Francis H. Milligan, M. D.

Wabasha, Minnesota, Nov. 1865.

Quack Vegetable Pills.

Professor Parrish, several years ago, had a student who selected for his thesis the analysis of a quack pill, then in vogue as a vegetable medicine. Some boxes were obtained at the counter of the proprietor to prevent mistakes, and on subjecting them to distillation with iron filings, the Indian vegetable came over in the form of *globules of mercury!*—(Minutes of the Amer. Pharmac. Association.)—*American Journal of Pharmacy.*

News and Miscellany.

The Cholera.

Meeting of the New York Commissioners of Health. Interesting Information about the Scourge. Provision for the Future. No Danger of the Pestilence this Winter.

The Commissioners of Health met, Nov. 28th, at the Mayor's office.

Present—His Honor, the Mayor, Mr. Jones, President Board of Aldermen, and Drs. Sayre and Murphy.

Dr. Sayre presented and read a communication from Dr. Marsden, of Quebec, embracing a plan for the quarantining of cholera. Dr. M. claims that a space of one hundred feet is sufficient to arrest the contagion of cholera.

The report was received with favor and referred to the medical members, Drs. Swinburne, Sayre, and Murphy, to report thereon.

Dr. Sayre said that inasmuch as the newspapers had teemed with communications on the subject of cholera, and many of them animadverting on the action of the Board, he wished to vindicate from the highest authority the propriety of the course pursued by the Commissioners. Some of these communications had been signed by names to which the letters M. D. had been affixed—and in some of them these letters might stand for Mad Dog or Muddled Dotard, to judge from the want of science and common sense they displayed. He felt it was due to the public to know what had been done by the Commissioners, and they had been guided solely by the best sources of information on which they could have grounded their action.

They were bound to do so when an influential body of citizens had been given to contradictory and absurd theories on the subject. Dr. S. then read from the statements of Dr. Post, one of the Medical Advisers of the Department of Hygiene of the Citizens' Association, in which he asserts that a general impression prevails that the medical profession do not know the causes of cholera or its treatment, whereas no disease was better understood by the profession. As to its cause, there were two elements: 1st, an epidemic influence, of which we are entirely ignorant, and 2d, as to the agency by which it is transmitted, we are unacquainted.

After tracing the history of the disease, Dr. P. advised that the wealthy and influential classes should stay at home, for two reasons: 1st, to inspire public confidence, and 2d, to give advice to the medical profession.

Dr. Sayre said the first reason stated was proper, but the second was entirely absurd, and an insult to the medical profession.

Dr. Sayre opposed these views by the authority of Dr. Müllig, tracing the course of the recent visit of the cholera to Constantinople, demonstrating its contagious character, and also by that of M. D'Alience, sent by the French government to Constantinople, Mecca, and Alexandria, who reports that cholera is contagious and not epidemic, and that it is perfectly controllable and checked by rigid quarantine. Dr. Marsden, formerly President of the College of Physicians and Surgeons, Lower Canada, lays down the propositions on cholera:

1. That it is a communicable and controllable disease.
2. That its cause is not in the atmosphere, nor communicable through it, except by a near approach.
3. That it accompanies human travel and human traffic.
4. That it progresses only at the rate of vessels across the ocean, but *never precedes them*.
5. That it is transmissible by clothing and effects, as well as by passengers.
6. That it never appears in a new locality without communication, directly or indirectly, with an infected person or place; and lastly, that it may be arrested, like the plague, by an absolute quarantine of *short* duration.

These propositions agree with those submitted by M. Alexander Moreau de Jonnes, in 1831, in a report made to the Consul Superieur de Santé in Paris, on pestilential cholera.

Dr. Sayre also read from the reports of Dr. Tripler, of the U. S. Army, showing that by rigorous quarantine he had been enabled to exclude cholera.

Dr. Sayre concluded by insisting on an enforcement of rigid quarantine. By means of it the Commissioners had been able to keep away the disease for three weeks, in spite of conditions very favorable to its development. A port without a quarantine should be closed—it was like a hotel without bed-rooms, kitchen, or privies.

He recognized the necessity of sanitary regulations, house inspection, domestic instruction in diet, clothing, and cleanliness, clean streets and proper sewerage. We have had crowded tenement houses and filthy localities, and yet no cholera.

He controverted the idea of Dr. Snow, that no cholera need be apprehended in winter. In Russia, cholera had prevailed in the coldest weather.

Dr. S. urged the paramount necessity of procuring proper quarantine accommodations, and that the Government were obliged from every consideration to protect this port.

Magnesium Light.

A literary gentleman, who has been for some time a secretary or amanuensis of Mr. Carlyle, the newly elected Rector of the University of Edinburgh, has just invented a lamp for burning magnesium, of a character so simple and effective that all the mechanicians are astonished. It is one of those happy ideas that seem inspired, and at the same time make everybody wonder they had not thought of them. The magnesium is reduced to a fine powder; then mixed with sand, it runs through a tube as from an hour-glass, and when lighted by a match, a brilliant and steady flame is produced, until the reservoir is exhausted. Thus all the difficulties of using this light for streets, public buildings, light-houses, and so on, are overcome.

Agassiz in Brazil.

Letters have been received from Professor AGASSIZ, giving an account of his scientific explorations in and along the river Amazon. Dr. CONTINTO of Brazil, a gentleman of large scientific acquirements, who has already made a thorough exploration of the Amazon, accompanies Professor AGASSIZ. He writes as follows, under date of August 22.

"The Professor does not cease extolling the riches of this region, and is completely absorbed by his darling fishes. We collected in Garupá and Tagipurú ten new species, and likewise a new species of alligator, named Jacaréky. He told me to-day that when the work was concluded, we will make a real revolution in the scientific world. Almost sixty new species in less than fourteen days! It is really a revolution.

The great preparations that the Professor made for his collections are far within what nature furnishes him, such is the prodigality of life in the valley of the Amazonas. All is superabundant, and there is a luxuriance of products so extraordinary that it exceeds the most extravagant dreams that the man of science formed when he prepared for his voyage."

Professor AGASSIZ himself writes as follows under date of Aug. 20:

"The result of our inquiries, above all, respecting fish, goes beyond the most extravagant dreams I ever had. Not only do I know that all the locations we visit nourish different faunas, but I foresee also that the intermediate localities will furnish still new and distinct species, so great are the differences of those we have already studied.

"I had in view to solve the problem of the geographical distribution of the fishes by making four or five separate collections between Pará and Manáos, but now I know not what limits we should preserve, so that it is best to multiply the collections as far as circumstances will permit."

In another letter of the same date he says:

"It is equally interesting to discover the manner of inter-association of the species; it is evident, for example, that the fishes assembled at Pará are not the same as those united at Manáos, or in the great affluents of the Amazonas. I have already a certainty of this from the collection I made at Pará. During the eight days spent in your hospitable city, where so many courtesies and such delicate attentions were showered on me, I collected sixty-three species of fishes—of this number nearly a dozen unknown; and, notwithstanding, about forty-five species are already described as peculiar to the Amazon. Consequently those that are known which I did not discover at Pará must dwell in some other region of the great river. You see now that the work merely of two days tends to demonstrate that each region of this great basin must have collections of different species, a fact that science was completely ignorant of until now.

"Besides, if the species of different regions differ one from the other in the same river, and if marine fishes ascend the river in a limited number to an inconsiderable distance from the sea, shortly it will become improbable that the fluvial species can proceed from the marine species; above all, if the different shoals are found in similar regions of the river and at a short distance from one another.

"Well, you see what results this ought to give in time; and in the meantime I can only indicate the track that I count on following in my researches. All I can as yet say to you is, that of the sixty-three species found at Pará, not less than forty-nine are inedited, which will require the establishment of eighteen new genera to give them place in the system of fishes. Besides this, I perceive the necessity of distinguishing five families that have been confounded with others to the present time."

Under date of September 8, Professor AGASSIZ writes that he had then obtained more than three hundred species of fish, although he had, to that time, only examined one third of the Amazon, without trenching on its affluents. He had only counted on, at most two hundred and fifty or three hundred species, and he says that not a third of those he collected belong to known ones.

The latest report is that AGASSIZ was to leave Manáos, in Amazonas, on the 10th of September, for Tabatinga, in Peru.

The Cattle Plague.

Minister CLAY has addressed a letter to the Secretary of State, dated at St. Petersburg, Oct. 17, in which he says:

"I deem it my duty to warn the United States against the importation of the cattle plague into our country. Being a farmer, and feeling a great interest in such subjects, I have read everything upon the subject which is accessible, and I will give you only the result of my conclusions and observations. The cattle plague is the Russian cattle pest in this country. It is always more or less prevalent, and generally kills whole herds. Like cholera, it is both contagious and infectious. By these terms I mean to say it is communicated from one animal to another by the physical imposition of the virus upon any animal from any object containing the virus; and also that the virus may be carried in molecules in the air, and thus produce the disease. It evidently did not originate *de novo* in England, but was carried there by ship loads of cattle from the Russian Baltic ports. If this theory is correct, then all importation of cattle from abroad should at once be prohibited by Congress, if not otherwise possible to be prevented. And it would pay well to call Congress together for that purpose only. No ship having cow or sheep on arrival from Europe, or countries having the pest, should be allowed to land in America without sufficient quarantine. Every disease must at some time have originated from a violent disregard of the natural laws, and this as others. But I am of the opinion that there is nothing in the management of cattle in Great Britain or America to generate the disease; so also no sanitary precautions can arrest it, short of absolute non-intercourse. I believe it to be a species of bloody murrain, aggravated by the marshy nature of northern Russia, and the utter disregard of all the laws of health which is known

to man and beast, especially in regard to ventilation and cleanliness, which prevails in these cold climates, where great expenditure of heat is needed, and fuel and food scarce. The same causes are producing now the aggravated typhus fever here, which is called outside of Russia "the plague." England was warned long since of the danger of direct importation of cattle from Russia; but failed to heed the advice. I trust our country may be more wise, and more fortunate.

Regulating Prostitution.

In a recent trial in New York city, in which the keeper of a house of prostitution was prosecuted for establishing herself in a genteel section of the city, Mr. McKeon, representing the complainants, said:

"That in this case of Irene McCready the public had a deep interest. He was not here merely representing the neighbors who complained of a nuisance, in the shape of a notorious house of prostitution, but he appeared for the people of this city who submitted to a great taxation, who had the right to have the laws executed with firmness and promptitude. He was not one of those mawkish individuals who was above saying that prostitution could not be suppressed. It was an evil that existed in every community, and the enlightened legislators of European countries had passed laws to regulate it; it was not permitted to run wild as in England and here. In 1851, when in Paris, he made it his business to examine their systems of police, as he deemed it his duty to learn their mode of conducting business. In Paris they had regulations on this subject, and the fact is, it is greatly superior to London. He never saw such degradation as exists in London at 12 o'clock at night. He visited the prisons of France, and was surprised at their cleanliness; commissioners from that country had visited America, and they improved on all the improvements that we possessed. One of their regulations was that these women of the town must confine their walks to certain parts of the city. Every woman is registered and furnished with a card, and also with a printed work, which gives these women directions where they may and where they must not go, and if they are found violating any of these rules they are immediately arrested and sent to prison With regard to this city we have an example in the case of defendant. She was driven out of Eighth street, has now taken the most public place, gone into the most respectable neighborhood and filled it with prostitutes, disturbing the neighborhood and deteriorating property. The evil grows so that legitimate business is ruined; she is complained of and arrested."

Survivors of Trafalgar.

The following are the only medical officers in a list of those now living, who were present at the battle of Trafalgar. Deputy Inspector General Peter Sutler, then surgeon of the *Swiftsure*; and Surgeon P. Lyon, then assistant-surgeon of the *Royal Sovereign*.

Bribing Medical Men.

It seems that in Poland a merciless conscription is in progress, and medical men are bribed for the purpose of procuring exemption papers.

The country having thus been closed against the rest of the world, the young men were next summoned before the government surgeons, to have their bodily qualifications examined in the presence of a whole company of civil and military officers. In the course of this process twelve and a half per cent. of the Roman Catholics, and twenty per cent. of the Jews who had come forward were declared unfit for service. *Of the fortunate ones thus rejected, many, however, were subsequently arrested in the dead of night, and lodged in hospitals or gaols to undergo another inspection*, on the part of medical men, who had been fetched on purpose from some neighboring town. To bribe the local physicians beforehand was then, as you may see, not always a sure means of obtaining an invalid's certificate; although, if rumor be true, the physicians, to avoid losing that considerable portion of their incomes they have always derived from the *Branca*, have in many cases agreed to divide fees if one of them was ordered to re-inspect a man who had been already examined by the local doctor, and settled with him about the certificate. It is obvious this is an arrangement alike beneficial to all parties concerned, as the chance of pocketing bribes would cease everywhere were strange doctors to disregard stipulations previously entered into between possible recruits and the doctors of their towns. An understanding must, of course, be established in time between the local doctor and his colleague as to the number and names of the persons who have ransomed themselves; but you may be sure that in most cases, though a doctor may be conducted straight from the railway carriage to the medical examination, he will on the way be furnished with the list, and enter the room prepared with his verdict.

Extraordinary Obesity.

A woman, named Hogan, wife of a comfortable farmer living at Kilmastulla, Ireland, died recently from obesity. Mrs. Hogan, in her youth, showed symptoms of attaining more than ordinary proportions, and she continued to increase in size until, at the time of her death, she had reached the extraordinary weight of forty-eight stone, (672 pounds!) She was, for the last few years of her life, scarcely able to walk, and for some time past, entirely confined to her bed.

Statue to Buffon.

A statue in honor of Buffon, the great naturalist of the 18th century, was inaugurated on the 8th of October, at Montbard, France, his native place.

Amongst the few deaths from Asiatic cholera that have already occurred in England, *two* medical men have died—Dr. McNab, Sr., of Epping, and Mr. Francis Cooper, of Southampton.

Pension Examining Surgeons.

The following are recent appointments :

Illinois.—Dr. JOHN H. SCOTT, Metropolis; Dr. SAMUEL WAGGERETTER, Pekin; Dr. JOHN BOND, Versailles; Dr. MOSES EVANS, Waukegan.

Iowa.—Dr. J. F. Grimes, Wapello.

Insects and the Cholera.

The appearance of unusual numbers of insects in some sections of Europe at the present time, has been connected with the visit of the cholera, and some of the journals are speculating on the matter in connection with a possible phenomenon of the same kind in the United States next spring and summer. The able monthly bulletin published by the Entomological Society of Philadelphia, in noticing this assumption, wisely says:

We shall be able to draw a timely lesson from the apprehensions of Europe at this time, if we discard from our minds the fear that the prevalence of insects is a prognostic of disease, so that, if the cholera does visit our shores, we need not add to our causes of apprehension, should our noxious insects be tolerably plenty next year, as indeed they always are in a greater or less degree.

Fear is a great detriment to a healthy body, and brings its own punishment in the greater liability of those who entertain it to take the very disease which they frightenedly seek to avoid. Let us then not be alarmed at anything we may see in the multiplication of insects next year, and be confident that had we only looked in years past, we should have seen the same destruction, so that we can firmly await the dispensations of a kind Providence, undisturbed by auguries of evil, and with a calmness which has its origin in our own common sense and in a knowledge that "He does not willingly afflict or grieve the children of men."

Medical Schools in Mexico.

Mexico, says the *Moniteur Universal*, (*Cosmos,*) possesses several institutions which deserve mention. The courses of the medical schools are attended by nearly two hundred young men, mostly *internes*. Their studies do not last less than seven years. The first year is devoted to botany and medical physics; the second, to zoölogy and medical chemistry; the third, to anatomy, therapeutics, and dissection; the fourth, to physiology and medical pathology, the fifth, to surgical pathology and clinics; the sixth, to operations; the seventh, to legal medicine and obstetrics. The ruling system is what is called by the Paris Faculty the eclectic system. The authors put into the hands of the pupils are nearly all French—RICHARD, JUSSIEN, SAPPEY, BÉCLARD, NÉLATON, GRISOLLE, CAZENAVE, PELOUZE, and FRÉMY.

The dissecting-rooms and amphitheatres of the schools are well appointed, the cabinets and museums richly endowed. The buildings belonging to the school are not the property of the State, but of the faculty. There are several secondary schools in the empire, (soon to be called *Republic* again,) of which that at Qualajara is the most prominent.

Cholera Deaths in Constantinople.

The correspondent of the *Chicago Med. Examiner*, writes under date of August 28th:

"One of our friends, a medical man, who is more or less connected with the Government, says he was one day in the office of the Grand Vizier, or Secretary of State, and saw there the true official summary of the whole number of deaths for the previous Monday. This number included all the suburbs of the city, and amounted to 1879, for that day alone. This was some days after the crisis of the pestilence had passed. Many other facts have come to our knowledge to confirm his statement, but I will not mention them now. My impression is that if we should take 500 as the average number of deaths per day, for 60 days, we should be below rather than above the truth. This gives 30,000 as the whole number. Many place it as high as 58,000."

An Appalling Record.

The Raleigh (N. C.) *Progress* gives the following estimate of the number of men enlisted in the South, and either killed or disabled during the war:

States.	*Enlistments.*	*Dead and Disabled.*
Alabama,	120,000	70,000
Arkansas, say	52,000	30,000
Florida,	17,000	10,000
Georgia,	131,000	76,000
Kentucky, say	50,000	30,000
Louisiana, say	60,000	34,000
Mississippi,	78,000	45,000
Missouri, say	40,000	24,000
Maryland, say	40,000	24,000
North Carolina,	140,000	85,000
South Carolina,	65,000	40,000
Tennessee, say	60,000	34,000
Texas, say	93,000	53,000
Virginia, say	180,000	105,000
Total,	1,124,000	660,000

Singular Cure for the Cholera.

A story is published in Paris confirming the fact of the immense influence of the nerves in cholera, as illustrated in the year 1832 by Prof. RECAMIER. He was summoned to a bedside, where he found a dying man, the features cyanose, cramps all over the body, the voice changed—in fact, all the most fatal symptoms strongly characterized. After an attentive diagnosis, the sagacious doctor suddenly snatched off the bed-clothes, and commenced flogging the patient with all the strength he possessed. The spectators, for an instant electrified, were naturally enraged. The dying man, by one expiring effort, started from his bed, threw himself on the doctor, who ran off hotly pursued along passages and corridors by the cholera patient, till both reached the top of the hospital stairs, when the breathless professor stopped, and looking at the ghastly pursuer, coolly asked: "And how do you feel?" "Feel!"

said the astonished patient—"feel, indeed! why" —(after a pause)—"I have no more cramps!" "I believe you; but after this fine race you require rest—some cups of *tisane* and *vogue la galère*." The pseudo moribund was saved.

Vaccination.

Dr. Spencer Hall has declined to allow his child to be vaccinated on the ground that the murrain, or some distemper arising from it, might be communicated. In a letter to the Kendal guardians, he says: "Though much among cattle from my childhood, I have never seen a cow afflicted with the 'cow-pox,' nor have I met with a medical or other man who could tell me he had ever seen it. It seems to have been disappearing, like the small-pox, from the time that Jenner observed it; and is seldom, if ever, now obtained from a cow that is not first inoculated from the human subject."

If Dr. Spencer Hall is so foolish as to forbid his child from being protected from the small pox on such a flimsy pretext as that given, the law ought to *compel* him to have it done—that is all.

A Brave Physician.

Dr. Chambers, of Kingston, New York, was beset by two stout highwaymen in a lonely part of the road a few nights since, and his money demanded. The doctor said: "Well, if I must give up my money, I had better do it." So he quickly took off his glove, and putting his hand into his side pocket, he drew out—not his pocket-book—but a neat revolver, and bringing it to bear in an instant, he shot one of the robbers dead. The other ruffian then fired at the doctor, but the ball went harmlessly through his hat. The doctor then took his turn again and wounded the fellow severely. He then rode back to Kingston and made known the facts, but on returning the wounded man had escaped.

"Anak," the French Giant.

Anak, the Anakim, the French Giant, has been introduced by Prof. Anderson at St. James' Hall, London. The following are his dimensions: Circumference of the head, 2 ft. 3 in.; length of humerus, 1 ft. 9½ in.; length of radius, 1 ft. 5½ in.; circumference of fore-arm, 1 ft. 4 in.; round the biceps, 1 ft. 3 in.; circumference of middle finger, 3½ inches; breadth of hand, 5¾ in.; length of femur, 2 ft. 6¼ in.; length of tibia, 2 ft. 1 in.; length of foot, 1 ft. 4 in.; round the chest, 4 feet 6 in.; across the shoulder, 2 ft. 1 in.; height, 8 ft; length of outstretched arms, 8 ft. 1 in.; weight, thirty stone, (420 lbs.) The giant's physical strength is at present unknown. He can lift six hundred weight, and is daily growing more powerful.

The Anatomical Drawings of Da Vinci.

Queen Victoria has signified her permission of the publication in England of the anatomical drawings of Leonardi Da Vinci, along with the text as preserved in the Royal Library at Windsor. M. Panizzi will edit the text, and Professor Sharpley, of University College, add a scientific commentary. The work will consist of about 250 pages, in folio, with the text of the MS. printed in full, an English and a French translation, and all needful notes and elucidations.

An Antediluvian Monster.

At the last sitting of the French Academy of Science, M. Serres communicated a paper on the *Clytodon clavipes*, an enormous antediluvian quadruped of the armadillo genus, but of the size of an elephant. Hitherto no complete skeleton of this wonderful animal has been found. Owen, Lund, Nodot, Huxley, and Burmeister, had only had incomplete fragments at their disposal, but M. Serres has at length succeeded in reconstructing its skeleton, which will very shortly be exposed to public view at the Museum of Comparative Anatomy at the Garden of Plants. The total length of the creature is three hundred and thirty metres, or nearly eleven feet; its height, from the ground to the top of the crests which support its bony armor, is four feet. The head, which had only been until now described on the evidence of mere fragments belonging to different individuals, is entire; its vertical diameter is equal to its transversal one, viz., about 15½ inches.

Expansion of Ice.

Rev. Frederic Gardiner gives, in the last number of *Silliman's Journal of Science*, some curious experiments of his, made on the ice of the Kennebec river, in Maine. By inserting a line of stakes in the ice across the river in the early part of February, he found, in the middle of March, that there had been an expansion of the ice of over twelve feet in a breadth of five hundred feet. As during this time the temperature of the water was nearly equal, the expansion must have been due to the sun's rays, which was proved by the fact that there was the least expansion on the eastern side, where the ice was partially shielded from the sun by a high bank.

Epidemic and Contagious Diseases.

The Board of Health of this city reminds physicians to report all cases of pestilential or contagious diseases, as required by an Act of Assembly of January 29, 1818. Section 2d of this article provides that—

"Every person practising physic in the City . . . . . of Philadelphia, who shall have a patient laboring under a pestilential or contagious disease, (measles excepted,) shall forthwith make a report in writing to the Health Officer; and for neglecting so to do, he shall be considered guilty of a misdemeanor, and subject to a fine not exceeding fifty dollars."

How they serve Quack Doctors in France.

Two quack doctors, of extraordinary local celebrity, named Colandre and Benati, the latter an Italian and calling himself a commendatore, have just been tried by the correctional of police at Lille, for the illegal practice of medicine, and sentenced to fines of 1600 francs each. They drove about Lille and the environs in a carriage with four horses, proclaiming that they would

cure the poor gratis, their rich clients paying for them; and they became so much in vogue that people thronged their doors from five in the morning till eight at night waiting for their turn to get advice.

Queer place for a Flannel Shirt!

It is stated that Dr. George Derby, Surgeon in charge of the Cony General Hospital in Augusta, Maine, lately performed a very skilful operation upon Mr. Jules Wœlfel, civil engineer and draughtsman on the P. & K. railway. It consisted in making an incisision in his side and extracting from his lungs a piece of a flannel shirt which he wore at the second battle of Bull Run, August 29. 1862. The flannel has been concealed there ever since, not being discovered when the ball was extracted at the time. It has been very painful, and caused fainting fits, so that he would fall from his stool while making drawings in his office. He is now doing nicely.

Researches on Milk.

The Academy of Sciences of Paris lately received an interesting communication from Dr. Dancel, on the influence of water in the production of milk. The author has observed that mothers nursing their infants eat very little more solid food than in their ordinary state, but they drink much more water. When a cow is in calf, and yields little or no milk, it does not drink more than from 10 to 20 litres of water per day; but as soon as it has calved, it will drink from 30 to 50 litres a day, and the quantity of milk it gives is always in proportion to the water it has taken, the measure of its solid food remaining the same. It has been observed of a herd of cows grazing on the same meadow, that those that drink oftenest yield the largest quantity of milk. When they are taken away from the meadow to feed them in the cow-house with dry fodder, the milk they give is one-third less because they do not find in hay the watery particles contained in green grass. From these and other observations of the same kind, Dr. Dancel concludes that water is essential to the formation of milk; a fact hitherto unnoticed by men of science, though they have experimented on a vast number of substances supposed to increase the yield of milk. A few years ago the Academy of Toulouse instituted some experiments with a view to ascertain whether the cakes which are the residue of sesamum oil might be given for food to cattle. As far as the yield of milk went, these trials were unsatisfactory both in the case of cows and in that of sheep. At length these cakes were tried by a farmer near Paris, who found, contrary to expectation, that they greatly increased the quantity of milk. The reason was simply this, that he had beaten up the cakes with a large quantity of water, while in the previous experiments they had been administered in a dry state.

Army and Navy News.

ARMY.

Report of Medical Department of U S. Army.

The following synopsis of the Report of Brevet Major-General J. K. Barnes, Surgeon-General of the United States Armies, gives a general outline of the operations of the Medical Department of the armies during the past year. It is taken from the Report of the Secretary of War.

The Surgeon-General reports that the receipts from all sources, and available for the expenses of the Medical Department during the fiscal year ending June 30th, 1865, were $20,489,680.47. Disbursements during the year, $19,328,499.23, leaving a balance in the Treasury on June 30th of $1,161,181.24.

The ample provision for sick and wounded existing at the date of the last annual report was increased during the ensuing months, until a maximum of 204 General Hospitals, with a capacity of 136,894 beds, was reached.

Upon the termination of active military movements, immediate measures were taken to reduce the expenses of the Medical Department. Of the 201 General Hospitals open on January 1st, 1865, 171 have been discontinued. Three ot the sea-going hospital transports have been discharged; the fourth is now constantly engaged in the transfer of sick and wounded from Southern ports to the General Hospitals in New York harbor. All of the river hospital-boats have been turned over to the Quartermaster's Department, and but a single hospital train is retained in the Southwest. The vast amount of medicines and hospital supplies made surplus by the reduction of the army has been carefully collected at prominent points, and is being disposed of at public auction, most of the articles bringing their full value, and in some instances their cost price.

Two hundred and fourteen Surgeons and Assistant Surgeons of volunteers have been mustered out, and of the 265 Hospital Chaplains appointed during the war, 29 only are still in commission.

The returns of sick and wounded show that of white troops 1,057,423 cases have been treated in General Hospitals alone, from 1861 to July 1st, 1865, of which the rate of mortality was 8 per cent. In nearly all sections of the country, the health of the troops has been fully equal to that of preceding years, though military movements of unprecedented magnitude have been pushed to successful termination, without regard to seasons. An epidemic of yellow fever prevailed at Newburn, N. C., in the fall of 1864, and the released or exchanged prisoners arriving at Wilmington, N. C, from Rebel prisons, suffered from an epidemic of typhoid fever. With these exceptions no serious epidemics have appeared, and it is interesting to note that quarantine regulations, strictly enforced by military authority, have proven during the occupation of Southern seaports and cities by our troops, to be an absolute protection against the importation of contagious or infectious diseases. In view of the apprehensions entertained in regard to the Asiatic Cholera, now devastating the shores of the Mediterranean, this becomes a significant fact.

In addition to the alphabetical registers of dead, not yet fully completed, the records of the Medical Department contain 30,000 (thirty thousand) special reports of the more important forms of surgical injuries, of diseases and operations. These reports, with statistical data, and a pathological collection numbering 7630 specimens, furnish a mass of valuable information, which is being rapidly arranged and tabulated, as a Medical and Surgical History of the war, for the publication of the first volume of which an appropriation will be asked.

In this connection, and as illustrating more in detail the importance of this work, the Army Medical Museum assumes the highest value. By its array of indisputable facts, supported and enriched by full reports, it supplies instruction otherwise unattainable, and preserves for future application the dearly bought experience of four years of war. Apart from its great usefulness, it is also an honorable record of the skill and services of those medical officers whose contributions constitute its value, and whose incentive to these self-imposed labors has been the desire to elevate their profession. A small appropriation has been asked to continue and extend this collection.

For recommendation of measures tending to the greater efficiency of the Medical Department, reference is made to the special report from the Surgeon-General's office, which will be submitted to the appropriate Congressional Committees.

NAVY.

Report of Bureau of Medicine and Surgery of U. S. Navy.

The following brief outline of the operations of the U. S. Navy, taken from the report of Dr. P. J. Horwitz, Chief of Bureau of Medicine and Surgery, we take from the Report of the Secretary of the Navy.

The Chief of the Bureau of Medicine and Surgery presents the usual tables showing the sanitary condition of the navy. The number of persons under treatment during the year ending 31st December last was 73,555, of whom 1373 died, and 2671 were on the sick list at the close of the year. The total number of deaths from October 1, 1864, to September 30, 1865, was 1750, being a per centage of about .002 to the whole number of persons in service. The per centage of deaths to the whole number of cases treated is .018, or less than two per cent. During the progress of the war 1406 persons were killed, 1658 wounded, and 176 reported missing, making the total number of casualties in the naval service 3220. But seventy-one persons have availed themselves of the provision of the act of Congress providing artificial limbs. The increased cost of living renders the monthly tax of twenty cents upon the salaries of officers and men inadequate to the support of naval hospitals, and unless some other means are devised, an appropriation by Congress will be required to meet the necessary expenses. A new laboratory building, at a cost of $30,000, is recommended.

Healthfulness of Iron-Clads.

Some interesting and extraordinary facts and statistics, covering the comparative healthiness of iron-clads and wooden vessels are given in the report of the Chief of the Bureau of Medicine and Surgery. The monitor class of vessels, it is well known, have but a few inches of their hulls above water-line, and in a heavy sea are entirely submerged. It has been doubted whether, under such circumstances, it would be possible long to preserve the health of the men on board, and consequently to maintain the fighting material in a condition for effective service. It is gratifying, therefore, to know that an examination of the sick reports, covering a period of over 30 months, shows that so far from being unhealthy, there was less sickness on board the monitor vessels than on the same number of wooden ships with an equal number of men, and in similarly exposed positions. The exemption from sickness upon the iron-clads in some instances is remarkable. There were on board the Saugus, from Nov. 25, 1864, to April 1, 1865, a period of over four months, but four cases of sickness (including accidental injuries), and of these, two were diseases with which the patients had suffered for years. On the Montauk, for a period of 165 days prior to the 29th of May, 1865, there was but one case of disease on board. Other vessels exhibit equally remarkable results, and the conclusion is reached that no wooden vessels in any squadron throughout the world can show an equal immunity from disease. The facts and tables presented are worthy of careful study.

MARRIED.

Clark—Curtin.—In this city, Dec. 5, 1865, by Rev. R W. Oliver, David D. Clark, M. D., of Philadelphia, and Miss Annie J. Curtin, of Bellefonte, Pa.

Pultz—Maxwell.—Dec. 6, by Hev. J Cotton Smith, at the residence of the bride's parents, John T. Pultz and Miss H. Maxwell, daughter of Dr. Wm. H. Maxwell, all of New York City.

DIED.

Billingsley.—Nov. 30, at Des Moines, Iowa, Eliza J., wife of L. W. Billingsley, and only daughter of Dr. H. Labarree, of Cincinnati.

Budd.—At her residence, Woodside, N. J., Dec. 2d, Emily Budd, relict of the late Benjamin Budd, and daughter of the late Abraham Stout, M. D.

Carter.—In this city, Dec. 3, Edward L. Carter, son of Dr. Edward and Kate J. Carter, aged 19 years.

Cohen.—In New York, 22d ult., of old age, being in her 88th year, Grace Seixas Cohen, wife of Dr. B. W. Cohen, and daughter of the late Moses Seixas, of Newport, R. I.

McKean.—At his residence in Johnson, Jones co., Iowa, Nov. 4th, 1865, after an illness of two weeks, of dysentery, Dr. H. C. McKean, in his 37th year.

Squire.—On Friday, Dec. 8th, 1865, Wm. H. Squire, M. D., of Germantown, Philadelphia, in the 40th year of his age.

Winkelman.—Dec. 5, at the Polytechnic Institute, Weehawken Heights, N. J., of apoplexy, Dr. F. T. Winkelman.

ANSWERS TO CORRESPONDENTS.

Drs. S S. & R. S. W., Brady's Bend, Pa.—Bauer on Orthopædic Surgery, sent by mail, Dec. 8th.

Dr. L. C. B., Essex, Vt.—Drugs and books, per W. Ellis & Co., Dec. 4th.

Dr. G B. C., Hawley, Pa—Trocar and Canula, sent by mail, Nov. 25th.

Dr. J. E. C., Canton, Pa.—U. S. Dispensatory, sent by Express, Dec. 9th.

Dr. H. P. K. E., Fairfield, Ohio.—Hodge's Obstetrics, Williams' Principles of Medicine, sent by Express, Dec. 9th.

Dr. J. S. A., Chambersburg, Pa—Bedford on Diseases of Women, sent by mail, Dec. 9th.

METEOROLOGY.

December	4,	5,	6,	7,	8,	9,	10.
Wind	S. E.	N. E.	E.	S.	N. W.	S. E.	W.
Weather	Cl'dy.	Cl'dy.	Cl'dy.	Cl'dy, Rain.	Clear.	Cl'dy, Snow 1½ in.	Clear.
Depth Rain				8-10			
Thermometer.							
Minimum	40°	40°	20°	28°	18°	20°	24°
At 8 A. M	50	50	28	35	29	26	33
At 12 M	58	48	40	41	33	31	43
At 3 P. M	58	46	40	43	33	30	43
Mean	49.	46.	32.	36.75	28.25	26 75	35 75
Barometer.							
At 12 M	30.1	30.8	30 2	29.6	30.3	30.1	30.

Germantown, Pa. B. J. Leedom.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64 Feb. 4. '65.

☞ *We are in pressing need just now of a few copies for new subscribers*, of No. 414, Feb. 4, 1865.

THE

MEDICAL AND SURGICAL REPORTER.

No. 460.] PHILADELPHIA, DECEMBER 23, 1865. [Vol. XIII.—No. 26.

Original Department.

Hospital Reports.

Pennsylvania Hospital,
November, 1865.

Surgical Clinic of Dr. T. G. Morton.

Reported by C. R. Morgan.

Cancer of the Hand, Amputation of the Forearm, Teale's Method—Rectangular Flaps.

John —, æt. 56, has had a malignant ulcer, involving the dorsal surface of the left hand for three years, originating in a wart-like tumor which ulcerated from irritation and has gradually spread, until at the present time the disease occupies the entire back of the hand. There has been considerable pain of a lancinating character running up the arm. The adjacent tissues are healthy and no enlargement of the lymphatics of the axilla. The ulcer is irregularly shaped with everted edges; the disease has worked its way down to the bones of the hand and through the palmar surface, where we find a fistulous opening. The exterior tendons have disappeared, and we have as a consequence the fingers contracted and rigid. The odor from a cancerous ulcer is characteristic and very offensive. The discharge when examined under the microscope, exhibits the well-known cancer cells of the epitheliomatous variety. The disease seems to be entirely local, and as the patient's general health is excellent, we advise amputation high up on the forearm where the parts are perfectly healthy. The long and short rectangular flaps proposed by Mr. Teale, gives us the very best covering for the bones and makes a most serviceable stump; we make the long flap, including all the tissues down to the bone, from the upper surface of the arm, while the short flap is made on the under surface, and will, of course, contain the main vessels and nerves of the arm. The rules for determining thesize of the flaps I cannot give better than to quote from Mr. Teale, and is applicable to amputations at any part. "The size of the long flap is determined by the circumference of the limb at the place of amputation, its length and breadth being each equal to half the circumference. The long flap is therefore a perfect square, and is long enough to fall easily over the end of the bone. In selecting the structures for its formation, such parts must be taken as do not contain the larger blood vessels and nerves. The short flap containing the chief vessel and nerves, is in length one-fourth of the other." In the case before us we decide upon the place we wish to divide the bones, take the circumference of the arm, which we find to be six inches; the long flap (made from the back of the arm) must be three inches long and three broad, then dividing the skin and muscular structures on the edge of the radius for three inches in length, make a transverse incision across the upper surface of the arm three inches in length, and running the incision up for the same distance along the ulnar edge, and dividing and dissecting up all the tissues down to the bones, we have the long flap completed. The short flap is to be one-fourth the length of the long flap, or ¾ of an inch in length, and in the short flap we will have the radial, ulnar, and interosseous arteries. The bones being divided, we approximate the flaps, having the bones completely buried; as the stump progresses the contraction during the healing process draws the cicatrix away from the end of the stump. To demonstrate the amputation, the lines of the incision were marked out with ink, and the operation was performed, the edges being approximated with lead sutures. Six vessels required ligation and a dry dressing of cerate and charpie was applied.

Compound Fracture of the Tibia involving the Head of the Bone—Amputation through the Knee-Joint.

James —, colored, æt 32, was run over by a passenger car, a few hours ago, the wheel passing over the right leg. On examination I find that the bones of the leg are much comminuted and the soft parts lacerated. The fracture extends up into the head of the tibia, involving the joint; the bones, as well as the soft parts, are so much crushed that there is no chance of saving the limb. As the injury extends to the joint, I am obliged to amputate through the knee-joint. I make a long anterior (including in it the patella), and a short posterior flap. Cutting off the condyles of the femur we approximate the patella to the end of the femur and we have the best possible covering for the stump—a good, firm, and protective covering for the end of the bone; anchylosis between the patella and femur will take place. When we can get the anterior flap long enough we do not cut away the condyles, but in this case the lacerated and contused condition of the skin about the head of the tibia prevents us going much below the patella; only three vessels required ligation. The stump was dressed with charpie and cerate, with a firm bandage was applied from the groin to the end of the stump to control the twitching.

Compound Fracture of Elbow-Joint—Amputation.

Robert —, æt 6 years, was admitted into the hospital a day or two ago; he is from the interior

of the State. His parents tell us that sixteen days ago his right arm was injured by being run over by a locomotive. The physician who was called in thought it possible to save it, but finally recommended amputation; the boy was then brought to the city. On examination we find all the tissues on the outer side of the arm have sloughed from a point two inches above the elbow to a little above the wrist and three-fourths the circumference of the limb, the space now occupied by healthy granulations; the elbow-joint is open and the condyles and fractured ulna are exposed to view; the bones are protruding and entirely denuded of periosteum; the muscular tissues are dissected up in all directions by abscesses, the discharge from which is considerable. There is no chance of saving this arm. The destruction of the skin and soft parts, the comminuted condition of the bones, leave amputation as the only resource. The boy was etherized, and amputation performed by making lateral skin flaps and circular of the muscles at the upper third of the arm. Only three ligatures were applied, and the stump dressed in the usual manner.

Philadelphia Hospital,
November 22, 1865.

Medical Clinic by Dr. J. L. Ludlow.

Reported by A. M. Shew, M. D., Resident Physician.

Syphilitic Pharyngitis and Laryngitis.

On a former occasion I had before you one or two cases of syphilitic laryngitis. The severity of this disease and its frequency in general practice is my only apology for presenting two interesting cases this morning. I wish you to become so thoroughly acquainted with the ravages produced by syphilis, and with the means of properly combating it, that you may never be at fault when called upon in civil practice.

Mary Ann S—, æt. 27, was admitted to the medical wards on the 21st of November, suffering from severe sore throat. A few months ago she was under treatment in the venereal wards, but now denies ever having had a chancre. A sudden loss of memory is a characteristic of nearly all the patients treated in that ward. I never saw but one or two after being discharged, who would acknowledge that they had ever had a chancre; but here we have the most conclusive evidence.

Upon opening her month you observe that the uvula, arches of the palate, and a part of the roof of the mouth have been destroyed; the lower portion of the vomer has even been attacked by this ulcerative process.

This other case, the one on the table, is that of a delicate old female. Mary McB., æt. 62, Ireland, was admitted on the 16th of November. Her husband has been dead nineteen years. She also denies ever having had a primary sore. In this case the ulcerative process has not proceeded so far as in the former. She complains of severe pain "in her bones," restlessness at night, and loathing of food. You may observe that her face is covered with peculiar copper colored blotches, characteristic of a specific cause. The ulcers produced by syphilis in the pharynx or larynx, are usually stellated in form, small at first, and seldom attract attention until severe injury to the parts has been done.

When a patient comes to you complaining of sore throat, and upon examination you find a peculiar eruption, copper colored blotches, pain in the head or limbs, and an ulcer in the throat, no matter how small, make up your mind that there is a specific cause. Place him at once upon the internal use of the iodide of potassium, ten grains three times daily, and at bed time a pill of corrosive sublimate, one-eighth of a grain. The best gargle, as I mentioned in a former clinic, is that of Sir Charles Bell, viz.

℞.	Hyd. chlor. corros.,	gr. ij.
	Sp'ts. rectificat.,	f.℥j.
	Tr. cinchonæ,	f.℥iij.
	Mel. rosæ,	
	Tinct. myrrhæ,	āā f.℥j. M.

When the ulceration has proceeded so far as in the first case (Mary Ann), an operation might be deemed advisable. But, gentlemen, the truth requires that I should warn you against the operation.

Staphylorraphy consists in paring the edges of the cleft, passing ligatures through them, and bringing them together. It has been performed by many distinguished surgeons, and in a few cases with gratifying success. Of late years the operation has fallen into disrepute, and I would not advise you to try it.

A few years ago I had a severe case of ulceration from syphilis; after having tried the usual remedies without success, I called in aid the services of a distinguished surgeon of this city, who at once advised an operation. It was immediately performed with but little inconvenience to the patient. The next evening I found that the stitches had given way, and the gap was wider than ever.

As a last resort, I concluded to apply an ointment made by rubbing up Donovan's solution with lard, directly to the surface of the ulcer. The resulting inflammation was terrific. I certainly thought that instead of benefiting my patient, I had indiscreetly placed him beyond hope of remedial aid. But in a few days the inflammation subsided, the ulcer healed, and my patient went away rejoicing. I have since repeatedly tried this same remedy with good results.

A peculiar huskiness of the voice frequently troubles the patient long after the disease has been subdued. It is owing to a change in the mucous membrane; a puffy condition of the lining membrane of the larynx.

I have often found serviceable in these cases the external use of collodion and ether, not to blister but to keep up a constant irritation.

℞.	Collodii,	f.℥j.
	Æther,	f.℥v. M.

At the same time administer internally

℞.	Potass. chloras,	℥ss.
	Syr. scillæ,	f.℥ij.
	Aquæ,	f.℥j. M.

S. Teaspoonful occasionally.

Constipation.

Sarah C., æt 60, Ireland—entered the medical wards Thursday, November 16th, pale, anæmic, and suffering, as she said, from constipation and colicy pains. She had had no passage for several days, but did not regard this symptom, as it was her usual habit. A careful examination revealed no peritonitis. Her pulse did not indicate it, neither did her general physiognomy, her manner of lying in bed, or the condition of her tongue.

This patient has had a variety of most powerful purgatives, but with no avail. Injections pass away as free from fœcal matter as when first used. You will observe that her tongue is reddish brown and dry—not so dry or harsh as we have it in typhus fever. Her pulse is small, but of good force. During the last few days she has vomited stercoraceous matter. I intended having some of it saved to show, but by mistake it was thrown out. She complains of pain in the right iliac fossa; hot turpentine stupes have been applied.

We shall next try to pass a tube into the colon for the purpose of throwing the enemata high up. It is a delicate operation, and great caution must be observed lest the tube perforate the bowel. Should this fail, I will direct my assistants to gently inflate the bowel with tobacco smoke. This condition of things we know but little about. It may be produced by a habit of costiveness, or by compaction from something she may have eaten. I remember the case of a large, plethoric student, who attended lectures in this city a few years ago. I was called in great haste one morning and found him parched with thirst, tongue dry, pulse bounding, and slight delirium. Upon inquiry I found that he had had no passage from his bowels for about ten days. During all this time he had been eating heartily, studying hard, and had taken little or no exercise. We tried injections and cathartics, but were defeated. At last a gum elastic tube was passed up, and the large bowel partially filled with tobacco smoke. Soon there came away such a mass of cherry stones, apple stems, and fœcal matter, as I never wish to see again. As a natural result, the patient was very much depressed after the operation.

The whole subject of constipation will be one of annoyance to you when you get into general practice. In polite society you find ladies who sit quietly in their parlors reading novels, living sumptuously, and taking but little exercise. Soon they begin to complain of headache, loss of appetite, and constipation. Again, it very often occurs from want of proper action of the liver, especially in females who have had children; they neglect to put on a proper bandage, the abdominal muscles are relaxed, the bowels become distended and lose their natural elasticity; and from this arises an imperfect circulation of the portal system. As practitioners of medicine you will be called upon to rectify the trouble. Now what can be done? First advise your patients to be regular in their habits; let them have a certain hour in the day set apart and devoted to this important matter. I have often directed patients to sit in an almost erect posture while defecating. Bathing, followed by rubbing and kneading of the abdomen with coarse towels, will be beneficial. Advise your female patients to sell their horses and take more exercise; it may seem like a simple thing, and yet it is often the cause of all the trouble. During the last few years I have used with gratifying results in these troublesome cases of constipation a pill composed of colocynth, podophyllin and nux vomica, viz:

R.	E. colocynth. comp.,	gr. iij.	
	Podophylli,	gr. $\frac{1}{6}$.	
	Nucis vomicæ,	gr. $\frac{1}{4}$.	
	Sapo,	gr. j.	
	Ol. caryophylli,	q. s.	M.

Medical Societies.

PATHOLOGICAL SOCIETY of NEW YORK.

MEETING OF DECEMBER 13TH, 1865.

(Dr. BUCK in the Chair.)

Encephaloid Cancer of Upper Maxilla; Encephaloid Nævus, Death, General Cancerous Deposit;—Amputation of both Arms for Injury, Osteo-myelitis, Death, Autopsy;—Remarkable Case of Cancer of Testicle, with antecedents;—Case of Aneurism of the left Ventricle of the Heart, with extensive Calcareous Deposit;—Scirrhus of the Stomach;—Œdema and Emphysema of the Lungs, with Hypertrophy of the Heart.

Encephaloid Cancer of Upper Maxilla, Nævus, etc.

Prof. FRANK HAMILTON presented a specimen taken from a man, 32 years of age, a farmer, who had previously enjoyed good health. Five weeks before he came under Dr. HAMILTON'S notice, he discovered a small tumor near the second incisor tooth of the upper jaw. This was removed by ligature. When seen by the Doctor, five weeks later, there had been developed from the site of the first excrescence a tumor, about three inches in diameter, displacing the teeth, and presenting all the characteristics of being malignant. On the left side of his face the patient had a congenital nævus, which a few days before had taken on diseased action, and was evidently developing into another encephaloid mass. Upon consultation, it was decided to extirpate the tumor, which was done in the usual method, and in its entirety. The *nævus* was removed at the same time, but owing to the extreme prostration of the patient, it was deemed unadvisable to continue him longer under anæsthesia, and the plastic operation to remedy the loss of substance in the cheek was delayed until the next day, when it was finished.

About twenty-four to thirty-six hours after, he was attacked with severe pain in the left side, fever, rapid pulse, and rapidly sinking, he died.

The *autopsy* showed the left pleural cavity, which on auscultation, and percussion during life, had given signs of the presence of fluid, filled with *over two quarts of pure blood*, which had escaped from a ruptured mass in the lungs, of an encephaloid character; similar cancerous development was found in the mesenteric gland. A circumstance to which no special attention had

been called during life, was the existence of an apparent hydrocele. On being examined the sac of tunica vaginalis was found to contain nearly a quart of fluid, and one of the testicles to also have undergone encephaloid degeneration. The process of encephaloid development in the lungs, Dr. Hamilton believes to have been very rapid; perhaps not longer in duration than five or six days, as he had not complained at all; there was no cough, nor irritation of the lungs, nor disturbance of the respiratory function.

Amptutation of both Arms for Injury; Osteo-myelitis; Death:—Autopsy.

Prof. Hamilton next presented specimens, taken from a young man, of fine constitution, good muscularity, and excellent habits, who had been caught in a rolling-mill, whereby his hands had been badly crushed and comminuted, the muscular structure of the fore-arms considerably injured, and the skin separated extensively. Amputatation of both arms was necessitated, and performed six hours after the accident. Both arms were amputated about 5 to 6 inches from the shoulder-joint,—the *right* arm by the *double flap* method, and the *left* by the circular operation.

From this time onward the patient progressed very favorably, the wounds closing nicely, cicatrization going on well, the patient being in excellent spirits, and sufficient strength to enable him to sit up on the fifth day after the operation. About the twelfth day, however, he was seized with a chill, and from this time onward, until the twentieth day, when he died, chills occurred every twenty to twenty-four hours, followed by fever, complicated with diarrhœa, and during the last few days with vomiting.

Autopsy. Both stumps were nearly closed, and about equally advanced in the reparative process. The only difference during life had been that from the right stump (double flap) there had been about twice the amount of discharge as in the left. A pyæmic abscess was found in the liver, and one, or more, in the lungs. On examining the stumps, the bones were found to have undergone osteo-myelitis.

Dr. Lidell, who had examined the specimens, made a statement of the condition in which they were found. In the right arm the medullary tissue, proceeding from below upward, was found extensively broken down and purulent; further up it presented a dark-blackish color, and a bad odor; still higher up, toward the epiphysis, the medullary tissue was of a dark-red color, tougher than natural, somewhat like muscular tissue; thus presenting three varieties of progressive osteo-mycletic change. In the other (left) arm a grayish-brown, somewhat tough, and flesh-like granulation was protruding from the medullary canal; the medullary substance here was not so extensively purulent, still it was the seat of suppurating abscesses; proceeding up toward the cancellated structure of the bone, the cancelli appear to contain pus. The constituents of the cancelli, under the microscope, were pus corpuscles, granular marrow cells, and normal marrow cells, while the toughness observed in certain parts of the changed marrow tissue was due to the development of connective tissue. There was no line of separation of dead bone perceptible.

Dr. Lidell inquired of Dr. Hamilton whether pain in the stumps had been a marked symptom in this case, on which Dr. H. replying in the negative, Dr. Lidell stated that in his experience of osteo-myelitis pain is not a constant symptom, although mentioned as such by a prominent French writer in the *Archives Générales.*

Prof. Hamilton further remarked that he could find no cause in the individuality of the patient, why he should be attacked with osteo-myelitis, pyæmia, and die. In private practice, under favorable circumstances, he would probably have recovered. On inquiry, Prof. Stephen Smith had stated to him that the ward in which the patient was, had been one of the oldest in the hospital, always in use, and the occurrence of these fatal complications were due probably to hospital influence.

Remarkable case of Cancer of Testicle—Antecedents.

Dr. Sands presented specimens removed from the body of a young man, 27 years of age, who died on Sunday last. A younger brother of this man had been under the care of Drs. Parker and Sands, for a disease of the testicle, which turned out to be cancer. It had been removed about the 1st of February, 1865; but very soon after the operation a swelling appeared under the ribs of the right side; he rapidly sank into an extreme state of cachexia, and died in the latter part of March,—less than two months after the extirpation of the organ. The *autopsy* revealed an enormous cancerous tumor, situated behind the peritoneum and liver. A grandmother and a mother's aunt had both died of tumors of the breast, which, from the description, were undoubtedly cancerous.

When this brother had died, or very soon after, the one from whom the present specimen was obtained, observed a swelling of the testicle, slowly increasing. He went to a water-cure establishment in this city, where, under its peculiar treatment and a rigorous diet, he grew rapidly worse. He then fell under the treatment of a homœopath, with no better effect. Dr. Sands saw him first in August last; the testicle was then swollen, quite hard, well defined, and solid, except in front, where there appeared to be some effusion of fluid; a decided glandular enlargement was noticed in the right iliac fossa; as to general condition, he was suffering from cachectic fever.

He confessed to having had syphilis a few months previously to his first attack, and this was confirmed by copper-colored eruptions on the skin of his arms. Some weeks later a swelling appeared on the lower part of the neck, on the left side, a little above the clavicle, about two and a half inches in diameter. The disease remained nearly stationary, the tumors not growing rapidly. As the case was considered one of cancer, and was of considerable importance, about the 1st of October a consultation was held, there being present, among other medical gentle-

men, Prof. Parker and Dr. Krakowitzer. On this occasion enlarged glands were also discovered along the lumbar spine, and the abdominal veins were found distended. Iodide of potassium and of sodium—with iodide of iron, were prescribed successively, while severe pain, referred to the abdomen, and for which he had previously taken morphia internally, was palliated by hypodermic injections of morphia. There was a slight improvement after this treatment, so that he was able to go out. This amelioration, however, did not last; he soon began to emaciate with extreme rapidity, and, as above stated, died last Sunday.

On *autopsy*, a small amount of fluid was found in the tunica vaginalis. The affected testicle presented all the appearance of soft cancer. The swellings in the inguinal and iliac glands were found due to encephaloid cancer; so were the tumor of the neck, and those in the lumbar region. Cancerous deposits were also found in the liver, the lungs, and the bronchial glands, leaving no doubt as to the character of the disease, which was fully confirmed by microscopical examination.

The question arose whether the enlarged iliac glands were indicative of cancer of the testicle? In his experience, sympathetic affection of these glands in ordinary epidydemitis was of rare occurrence.

Dr. Krakowitzer remarked that on the occasion of the consultation referred to, the question was very thoroughly weighed as to the probabilities of the syphilitic or cancerous character of the disease, and he then inclined somewhat to ascribe it to the former. The fact of the patient having had syphilis, the very slow development of the tumors, remaining stationary for a considerable time, led him to suppose at first that the testicle, and other glands, might be simply subject to syphilitic disease, modified peculiarly, in a system below *par*, in consequence of the water-cure treatment, etc.,—a condition to which Trousseau has applied the term *adenia*. The further and rapid course of the disease, however, showed it to be cancer. Regarding the question propounded by Dr. Sands, he did not think that there was any direct connection between the affection of the iliac glands and the disease of the testicle, as these parts were not connected by lymphatics.

Aneurism of the left Ventricle of the Heart, with extensive Calcareous Deposit.

Prof. Alonzo Clark presented a heart, which had been removed from a patient who had died at Bellevue Hospital. The heart was somewhat enlarged, but on its surface, with the exception of considerable fatty deposit, presented nothing abnormal. The right ventricle is of about the normal size. A remarkable point of interest, however, presented itself *in the left ventricle*, which toward the apex presents an *aneurismal pouch*—the muscular tissue being much attenuated, with atheromatous deposit throughout the walls of the ventricle. The most remarkable thing, however, was to be found at the *bottom of this aneurismal pouch*, (which presented a capacity of from two to three ounces) which was lined by a *solid plate of bony, or rather calcareous matter*, forming an almost complete floor $2\frac{1}{2}$ inches in extent upward, about 2 inches across, and of considerable thickness, and seems to have given a protection to the thin muscular walls at the lower part of this aneurismal pouch. In addition, the pericardium was attached to the heart at the lowermost and most distended portion of the sac.

History. Dr. Edgerton, in whose ward the patient was, had furnished a history of the case, of which the following were the main points. The patient was, by profession, a lawyer, 36 years of age. He had been a patient at Bellevue Hospital four times. In November, 1865, he was admitted for the fifth time. His chief malady, during the last twelve years, had been a paralysis of the right side; walks limpingly with the aid of a cane, has a little use of the arm, almost no voice. On December 9th, while in the bath-room, he was suddenly seized by an apoplectic attack, and died.

On autopsy there was found a recent apoplectic clot on the brain, corresponding to the region of the left parietal bone; subarachnoid effusion, left lateral ventricle filled with serum, cerebellum softened, here and there atheromatous deposit. Kidneys weighed 9 ounces, heart 30 ounces. The latter organ had never been examined during life.

Dr. Clark remarked that the heart had never been examined because he never complained about it, and this shows that it did not trouble him much. In two or three similar cases of this very rare lesion, uncomplicated with valvular disease, his experience had been the same as regards the little trouble experienced by the patients. Calcareous matter was sometimes deposited between the pericardium and the heart, as a result of pericarditis—in one case he had seen the heart almost entirely encircled by such a deposit, but he had never seen it so extensively in the substance of the heart itself, as in this case.

Dr. Krakowitzer doubted whether this plate of solid matter could be considered as offering really a protection against the bursting of the attenuat ed walls of the ventricle. He thought that the contractions of the ventricle, bringing the neighboring muscular fibres with considerable friction against the sharp edges, as it were, of this bony plate, would rather tend to the contrary.

Scirrhus of the Stomach.

Professor Clark next presented an excrescence from the inner surface of the stomach, which had been sent to him, with the history, for microscopical examination, by Dr. Clark, of Perry, N. Y. The specimen was taken from near the pyloric orifice of a man's stomach, 70 years of age, who had always enjoyed good health. Four months ago he commenced to lose his appetite, and to vomit after taking food. These symptoms increased, until he died. On post mortem examination, the stomach was found adherent to the margin of the liver, and very much distended. The *pylorus* was hard and cartilaginous, thick-

ened, and its passage so obliterated that it did not allow the passage of a larger stream of fluid than of the size of a goose-quill. The liver was crowded with hard, gray, scirrhous nodules from the size of a pea to that of a walnut. The excrescence from the mucous membrane, near the pylorus, which had been supposed to be cancerous, had on microscopical examination been found to possess not a particle of cancerous tissue or element—it was nothing more than what belonged to the stomach, constituted entirely of masses of prodigiously elongated secreting tubes, and some areolar tissue, forming a fine example of hypertrophy, or exaggerated growth, of a natural structure.

Œdema and Emphysema of the Lungs with Hypertrophy of the Heart.

Dr. Wm. H. Draper presented the lungs and heart of a man who had entered Hospital a week ago Tuesday. Little of his history could be obtained at first. He was suffering from great dyspnœa, very livid, face swollen, whole body anasarcous, and veins of the neck turgid. Aneurism of the pulmonary artery was supposed. For eight or nine years he had been the victim of asthma. On physical examination, the anterior portion of the chest was found remarkably well developed, the intercostal spaces being very protruding, percussion over infra-clavicular region yields unusual resonance; posteriorly the resonance is diminished, and the usual physical signs of œdema of the lungs elicited. The apex beat of *the heart* is in the sixth intercostal space, but the area of cardiac dulness extends to the right of the sternum; *urine* albuminous. The patient died on the third day after admission, from asphyxia, complicated probably with uræmia.

Autopsy. Enormous emphysema in the anterior portion of the lungs; the middle lobe of the right lung presents a multilocular sac, while on the inferior margin of the left lung there are a few very much enlarged air cells. *Heart* very considerably enlarged; walls of right ventricle thickened, and its capacity increased; valves healthy, but owing to the hypertrophy probably insufficient, and allowing regurgitation. Right auricle distended. Nothing abnormal on left side.

Prof. Clark considered the specimen as illustrating the reflex action upon the heart, of prolonged difficulty of respiration in the lungs.

Microscopical Examination of Tumor.

Dr. Draper, on the part of the Committee appointed to report upon the tumor removed by Dr. Sayre from the sheath of the sciatic nerve, (See Reporter, Nov. 18, 1865, p. 334,) stated that the tumor had been examined microscopically, both externally and internally, and was found to consist entirely of masses of calcareous substance, with no organization. He could find no record of neurolematous tumors undergoing calcareous degeneration. He had learned that the patient from whom the tumor had been removed had since died of phthisis, and the tubercular deposit in the lungs may perhaps have some connection with calcareous deposit elsewhere. L.

Editorial Department.

Periscope.

Dr. Chapman's Spinal Theory.

The following is given as an outline of Dr. Chapman's Neuropathic theory of the treatment of certain diseases, and which is now prominently urged as the proper treatment for cholera.

"It is beyond dispute that local or general hyperæmia or anæmia is an incident, if not a cause, of a very large proportion of all known maladies, and any discovery which should enable the physician to control at will the circulation in any part of the body, would give him a command over many disorders which have too often baffled the highest medical skill. To form any opinion whether such a power is really attainable, the forces which increase and diminish the flow of the blood, and with it all vital action, have first to be ascertained. The broad doctrine of Harvey, that the blood flows through the arteries and back through the veins in obedience to the motive power of the central pump—the heart—though no doubt in the main true, has long been seen to be inadequate to the full explanation of many familiar symptoms. It furnishes no explanation whatever of the cause of local inflammation, and is hardly reconcilable with the actual circulation of the blood observed in creatures without a heart, or in which the heart does not act as it does in the higher animals. Taking Harvey's doctrine as the basis, there must be something beyond it to account for local variations in the circulating energy in different parts of the body at different times, and under different circumstances of excitement or the reverse. One theory which has been started to account for such phenomena attributes the movement of the blood in great measure to a *quasi*-chemical affinity between its particles and the tissues which it constantly feeds, or, in the case of the lungs, between the venous blood and the air which is to oxydize it. This doctrine has not yet been universally accepted, and can only be regarded as an ingenious, though very possibly an accurate, hypothesis still waiting for experimental confirmation. But if all the forces which cause circulation may not be certainly known, little, if any, doubt remains as to the seat of the power which restrains it within due limits. The well-known experiment of cutting the cervical sympathetic nerve solved this mystery. The instant effect was to cause dilatation of the blood-vessels, increase of blood, and development of all vital faculties in the regions connected with the severed nerve. The opposite effects are produced by galvanizing, and thereby stimulating the action of the nerve. Dr. Chapman infers—and his experience seems to show—that the main, if not the only, function of the whole sympathetic system is to act as a sort of break upon the circulation through the arteries. Stimulate the sympathetic ganglia which lie on either side of the spinal column, and instantly, according to Dr. Chapman, a corresponding diminution of blood will be observed in that

region of the body which is controlled from the ganglionic centres to which the stimulus is applied. Partially paralyze the same nervous system, and its power of contracting the arteries is diminished; the vessels dilate, and offer less obstacle to the passage of blood; the whole region affected receives an accession of vital energy, and if it has previously been suffering from anæmia, the malady and its consequences speedily disappear. To a great extent this theory is a legitimate and almost unavoidable inference from the generally accepted doctrine that the function of the sympathetic nerve is to contract the arteries and limit the flow of blood. From the theory to its application is not a very long step. Galvanism was known by experiment to be an effective stimulant of this kind of nervous action, and it was not an unreasonable conjecture that heat applied over the sympathetic ganglia would add to their vigor, and that cold would in like manner reduce their action. If this were so, the physician might deal with the circulation almost at pleasure. If any region was inadequately supplied with blood, it would only be necessary to apply ice to the corresponding ganglia, when their operation as self-acting breaks would be diminished, the arteries would dilate, and a more copious flow of blood would result. Hyperæmia should, on the same theory, yield to the opposite treatment, and any local congestion or inflammation ought to be relieved by applying heat to the governing parts of the sympathetic nervous system. All this Dr. Chapman says that he has abundantly verified, and the detailed cases given in his pamphlets seem very like a demonstration of his general theory. The common malady of cold feet is said to yield invariably to the application of ice to the lower regions of the back; and a similar treatment is described as giving to the physician an almost absolute control over the ordinary functional diseases of women.

This seems to have been the first step which Dr. Chapman made in the verification of his doctrine and the development of his practice of Neuropathy. But no one could doubt that, if the principle was sound, a power of controlling the circulation, either generally or locally, by the application of heat or cold to the appropriate nervous centres, must be available in the treatment of a great variety of diseases. Dr. Chapman is convinced that cholera is one of these, and as his theory involves some steps which are less obvious than in cases where the disorder is palpably anæmia or hyperæmia of a particular region, it is interesting and important to note the path by which the conclusion was arrived at. One of the early applications which Dr. Chapman made of his system of Neuropathy was to cases of sea-sickness. It is not at first very obvious why ice on the back should check a disorder the essence of which is not generally supposed to consist in anæmia, although that is one of its invariable accompaniments. It is true that frightful pallor and cold sweat are among the most marked spmptoms of sea-sickness, and, according to the new theory, this would be fairly attributable to excessive action of the whole sympathetic system, and might be expected to yield to the application of cold over the nervous centres. But the other symptoms of sea-sickness are not so easily referable to the group of nerves, whose action (so far as is yet known) is limited to the control of the circulation. Dr. Chapman's explanation is shortly this. Sea-sickness is itself the result of hyperæmia of the spinal cord caused by the internal concussions produced by the motion of the vessels, and accompanied by excessive activity of the vaso-motor nerves. This derangement not only checks the circulation, but propagates itself to the stomach and bowels in some manner not very definitely explained, causing the recognized phenomena of this uncomfortable malady. A few very remarkable cases are described, in which sea-sickness was absolutely conquered by the application of ice along the spine; and Dr. Chapman was not long in inferring that the ordinary symptoms of summer diarrhœa were themselves due to an analogous cause—namely, the over-excitement of the spinal column and the corresponding sympathetic system from excessive heat, instead of (as in sea-sickness) from excessive motion and concussion. This hypothesis is also said to have been abundantly verified by experiment, and it was an easy step to bring cholera within the same class of disorders. In fact, the cramps, the blueness, and the collapse, which are specially distinctive of true Asiatic cholera, suggested at once the idea that extremely violent action of the vaso-motor nerves was certainly an accompaniment, if not the prime cause, of every choleraic attack. Dr. Chapman's hypothesis, founded on these and similar considerations, is thus summarized. Cholera, he says, is simply the result of hyperæmia of the spinal and sympathetic nervous centres, and belongs to the same order of maladies as ordinary diarrhœa and sea-sickness. It results from this, that it is not contagious or infectious, and that it may be averted and cured by the sedative action of ice along the spinal region.

Bronchocele—Operation.

Dr. David W. Cheever, of Boston, relates in the *Boston Medical and Surgical Journal* a case of bronchocele, which was successfully operated on. It occurred in a female, twenty-four years of age, born in Ireland, residing in Boston. A year ago first perceived a tumor, a little to right of median line, just below the larynx. The tumor measured when removed, two inches in length horizontally, and one and a half inches vertically. Grows very slowly, moves with larynx in deglutition.

Under ether, a vertical incision was made over tumor, the sterno-hyoid and thyroid muscles separated, and the enlarged thyroid gland dissected out. *Left* lobe much the largest, and long enough to lie on the carotid sheath. Not much hæmorrhage; *right* superior thyroid artery was the largest vessel cut. Tumor came out clean. Wound closed by silk sutures. Was discharged well two weeks and a half after the operation.

The tumor was wholly solid, and under the microscope showed large, oval cells—with nuclei, clustered together like bananas; and many small granular particles. Its ready removal, without profuse hæmorrhage, would seem to indicate, in the opinion of Dr. Cheever, *early* surgical interference with these growths.

THE USE OF PRESSURE IN THE TREATMENT OF GONORRHŒAL AND PURULENT OPHTHALMIA.

Surgeon Joseph S. Hildreth, U. S. V., in charge of Desmarres U. S. A. Eye and Ear Hospital, Chicago, read a paper before the American Ophthalmological Society, embracing the report of 32 cases, treated with or without pressure, the result being given in the following tabular statement:

Cases.	Age.	Affection.	Treatment by Pressure.				Results.			
			With.		Without.		Saved.		Lost.	
			Right.	*Left.*	*Right.*	*Left.*	*Right.*	*Left.*	*Right.*	*Left.*
1	23	Purulent Ophthalmia	1	1	.....	.....	1	1	.....	.....
2	48	" "	1	1	.....	.....	1	1	.....	.....
3	33	" "	1	1	.....	.....	1	1	.....	.....
4	26	" "	.....	1	1	.....	.....	1	1	.....
5	43	" "	1	.....	.....	1	1	.....	.....	1
6	23	" "	1	.....	.....	1	1	.....	.....	1
7	20	" "	1	.....	.....	1	1	.....	.....	1
8	25	" "	1	.....	.....	1	1	.....	.....	1
9	24	" "	.....	.....	1	1	1	1	.....	.....
10	39	" "	.....	.....	1	1	.....	1	1	.....
11	25	" "	.....	.....	1	1	1	1	.....	.....
12	17	" "	.....	.....	1	1	.....	.....	1	1
13	43	" "	.....	.....	1	1	.....	.....	1	1
14	24	Gonorrhœal Ophthalmia	1	1	.....	.....	1	.....	.....	1
15	40	" "	1	1	.....	.....	1	1	.....	.....
16	20	" "	.....	.....	1	1	1	1	.....	.....

RECAPITULATION.

	No.	*Saved.*	*Lost.*
Eyes treated with Pressure	15	14	1
Eyes treated without Pressure	17	7	10

The following directions are given as to the mode of applying pressure:

"What I mean by the use of pressure in the treatment of such cases, is not the application of lint, wet or dry, over the lids with moderate compression, but a *firm, hard, continued pressure upon all parts of the contents of the orbit, especially the anterior.* This I effect in the following manner:

"The lids being closed, the orbit is to be packed, as it were by means of charpie, or picked lint, (scraped lint or cotton wool is not so serviceable,) in such a manner that all parts about the eye, within the orbit, the anterior hemisphere of the globe, and especially the conjunctiva, shall be acted on.

"Care must be taken to fill the grand angle, and to have the charpie evenly and regularly disposed *about*, as well as over the globe. Quite a large bunch should be used for each eye, not only to ensure evenness of pressure, but to absorb the purulent discharge. This being done, compression is made by means of a bandage, or better, a firm elastic band of rubber braid, not less than two inches in width, passing around the head. It should be slowly and regularly increased until the pain, if any there be, in the parts affected, is greatly diminished or controlled, if practicable.

"In other words, pressure is to be applied to the eye and surrounding parts, within the margin of the orbit to a degree sufficient to so control the circulation as to prevent the destructive tendency of the disease, but not to interfere with proper nutrition. This must, of course, vary with the peculiarities of each case. . . . . I have in no instance resorted to it in purulent or gonorrhœal affections of the eye, during the acute stages, even after the organ had been irretrievably lost, without greatly diminishing the discharge in a short time, and very materially adding to the patient's comfort in reducing the pain, and modifying subsequent and present staphyloma, as occurred in cases numbered 4, 5, 6, 7, 8, and 12. While the purulent discharge is abundant, the dressing should be renewed twice during every twenty-four hours."

Regarding other treatment the author sums up as follows:

1. If anæsthesia of the cornea exists, or it is infiltrating, and especially if the pupil will not yield to the influence of atropia, Hancock's operation of division of the "ciliary ring" is indicated, care being taken to divide all its fibres from the insertion of the iris to its posterior limit.

2. Application of a solution of bromide of ammonium (40 to 60 grs. to f.℥j. *pure* glycerine) or nitrate of silver to conjunctiva; the former to all parts of the conjunctiva, and the latter to that covering the cartilage of the lids only.

3. Scarification of the lids and deep incisions into the chemosis, if required, removing the blood with tepid water so long as it continues to flow.

4. Atropia in solution (iv. grs. to f.℥j.) sufficient to dilate the pupil.

5. Application of firm, hard, continued pressure, as soon as practicable, and continued to the close of the acute symptoms.

6. Remove the dressings twice during every twenty-four hours until the purulent discharge ceases.

7. Two applications daily of bromide of potassium, or one of nitrate of silver, will be found

sufficient. Atropia may be used twice daily or oftener, but care should be taken not to continue its employment beyond *producing* and *maintaining moderate* dilatation of the pupil.

8. A constitutional treatment adapted to the condition of the patient.

Extra-uterine Pregnancy.

At a recent meeting of the Obstetrical Society, of London, (*British Medical Journal,*) Dr. J. Branton Hicks related a case of extra-uterine fœtation, in which he had detected a fœtus alive in the recto-vaginal pouch of the peritoneum. Considering its advance to maturity in that position highly dangerous throughout its development and after, he endeavored to arrest its growth by powerful galvanic currents. This was repeated without effect. It was then determined to pass a trocar into the fœtus, which was done *per vaginam*, readily without any bleeding. The fœtal movements ceased next day; but vomiting, partly from the chloroform given, continued very violent till about the fifth day, when sudden collapse supervening, the patient died on the sixth day after the operation. The *post mortem* examination showed that hæmorrhage was the immediate cause of death, owing to slight separation of the upper part of placental attachment to the exterior of the uterus, but none whatever occurred at the seat of puncture. The examination also showed a curious fact; namely, that the cyst in which the fœtus originally was formed, had ruptured, and that the ovum entire had escaped into the recto-vaginal pouch, the placenta being attached to the back of the uterus. On opening the original cyst from above, the ovular membranes were seen through the rupture in the cyst.

Chronic Inversion of the Uterus;—Removal of the Organ.

In the Reports of the London Obstetrical Society, as published in the *British Medical Journal*, we find a case related by Dr. Marion Sims. The case was one of chronic inversion of the uterus. Manual reduction had been attempted without success, and as the hæmorrhage from which the patient suffered was so excessive as to threaten a fatal result, he determined to remove the organ. It was attempted first by ligature; but as this gave rise to severe symptoms, pain and depression, it was decided to remove it with the *écraseur*. Severe bleeding ensued from the broad ligament, which was controlled by ligature, and the line of section united by silver sutures. The patient recovered rapidly.

Means of averting Death from Chloroform.

A plan for reviving those who are sinking from the administration of chloroform has been practised by Dr. Bullar, of Southampton. It consists in the assistants at the operation striking the patient with the flat hand in the most vigorous and rapid way on all exposed parts of the skin, (trunk, legs, arms, face,) and to continue this until the pulse and breathing return. In one case five to ten minutes elapsed before the heart acted, and not until both legs were blue with ecchymosis.

The immediate local effects in filling the parts of the skin which were struck, and around them, with red blood, whilst the heart and breathing had ceased, shows that this plan is a stimulus of the reflex nervous function of a very vigorous kind, which can be immediately applied to the cutaneous ends of the nerves over a large surface, without any apparatus, and with the greatest ease.—*Med. Times and Gaz.—Amer. Jour. Med. Sciences.*

Poisoning by the Vine-Disease Fungus.

It is stated that in France cases have occurred in which inoculation with oïdium tuckeri, or the fungus which causes the vine-disease, has proved fatal to human beings. Wounds made accidentally with the instrument used for cutting off the diseased vine-shoots, have presented, according to Dr. Collin, marked evidences of poisoning. In some cases the persons thus wounded have died in from twenty to twenty-five days, notwithstanding the most energetic treatment. Messrs. Desmartes and Banché, of Vitrany, have also concluded, from their experience, that deleterious effects are produced by the oïdium, but they seem rather disposed to establish a coincidence between the epidemic development of the oïdium and a greater frequency of certain forms of inflammation of mucous membranes. The subject has been submitted to the consideration of the Academy of Medicine of Paris.—*Quarterly Journal of Science—Brit. Med. Journal.*

Ethnological Observations among Indian Mounds.

Acting Surgeon McGowan has just returned from the Great Council lately held in the Indian Territory, whither he was sent by Secretary Harlan, having been detailed by the Secretary of War, at the request of the American Geographical Statistical Society, to make certain ethnological observations. On his way back he visited, at the request of the American Ethnological Society, the Indian mounds, at Newark, Ohio, to make inquiries concerning the alleged disinterment of effigies bearing Hebrew inscriptions. Without committing himself fully on the subject, he reports that the evidence is strong as to the genuineness or authenticity of the effigies which were discovered several years ago, and that one of them appears to be of Chinese workmanship, while there is slight room for doubt as to those which have just been disinterred. The question of their antiquity requires further investigation. The mounds at Coshocton, Ohio, which contain bones, and which have been described as belonging to an extinct race of Indians, prove to be merely the burial grounds of Moravian missionaries, who resided there about a century ago. At Newark there have recently been discovered traces of an extensive system of drainage, evidently of the period of the Mound Indians, and indicating larger population and higher civilization than antiquaries have hitherto supposed.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 23, 1865.

ENLARGEMENT AND INCREASE OF PRICE.

The pressure of literary material on our columns makes it necessary to announce an increase of the size of the Medical and Surgical Reporter. This increase, together with an improved external appearance, will take place from the first of January next; from which time the subscription price will be Five Dollars per annum. The cost of paper and labor seem to be permanently fixed at high rates, and we are compelled to accept the situation, and graduate our subscription rate accordingly. If these expenses lessen, or a liberal support justify it, we shall be enabled to further enlarge the work, or expend more on the literary department, or perhaps do both.

☞ *All advance payments made prior to January 1st, 1866, will be credited at the present rate of* $4 *per annum.* Payments made *after* that date, will be credited at the rate of $5.

ANNOUNCEMENT of THE FOURTEENTH VOLUME.

The Fourteenth volume of the Medical and Surgical Reporter begins with the first issue of January, 1866, and we take pleasure in announcing that we have effected arrangements that will place it on a better footing in a literary point of view than ever before. These arrangements include some new features, among which are the following:—

A Resident Editor for New York City,

who will attend to all matters of general interest to the profession that emanate from that important medical centre. Full and intelligent reports of the transactions of the two chief medical Societies of New York, viz., the Academy of Medicine, and the Pathological Society, will appear regularly in our columns. The discussions before these societies are participated in by the *principal Physicians and Surgeons* of that city, and embrace every variety of subject interesting to medical men. Our columns will also be supplied with selections from some of the best clinics held in New York. All medical matters of interest arising in that field, will be independently and freely commented on. This arrangement will give New York and its medical interests a full representation in our columns.

In this city, our editorial arrangements include a chief editor, who devotes himself to the

General Editorial Management

of the work, and to medical matters in this centre of medical education and publication. We have also engaged the services of one of the most erudite scholars in the ranks of the medical profession to take the special charge of the

Review Department of the Reporter.

New works of importance will be *fairly and independently* reviewed at moderate length, but a large part of the issues of the press will be noticed in a series of articles in the form of *Familiar Notes on Books*, or talks about books, that will, as best adapted to our columns, give, in a brief, comprehensive, and attractive form, a general idea of the merits of a work, and its adaptedness to meet the wants of the practitioner of medicine.

Our arrangements in this city also include reports of the Discussions before the *Philadelphia County Medical Society*, and choice selections from the *clinical teachings* in our various hospitals. We also receive *select clinical reports* from the best sources in Baltimore.

In addition to this, we are publishing many communications of value on *Military Medicine and Surgery*, and expect soon to commence the publication of a series of articles on the *Medical and Surgical experiences of the United States Navy* in the late war.

It will thus be seen that our arrangements are adapted to give to the Reporter a cosmopolitan character. We intend it to be in all respects a *representative journal* of American Medicine and Surgery, and shall spare no pains to make it a credit to our country. The past course of the Reporter has secured for it the largest circulation ever attained by a medical journal in this country, and the present indications are decidedly favorable to an immediate and very large addition to its circulation. This has encouraged us to take the steps announced above toward perfecting our editorial organization, and if these arrangements are received with the favor we anticipate, we shall in due time be enabled to do still more to add to the value of the Reporter.

In view of what has already been accomplished by the Reporter, and of the announcement made above, we unhesitatingly appeal to our readers to exert themselves to extend its circulation, believing that in thus doing they will be subserving the best interests of the profession.

CHOLERA—CONTAGION—QUARANTINE.

It is one thing to deny the contagious nature of Asiatic cholera, as the term contagion is generally accepted, and quite another to base upon such denial a claim of the total uselessness, and to advocate the entire abolition of *Quarantine measures.*

Although during the prevalence of the disease, as an epidemic this year, in the East, there have been made observations by very competent men, which tend to show very plausibly, that cholera may be accompanied by a contagious element, the experience derived from the study of the history of former epidemics, warrants us in still adhering to the long-formed opinion that the disease cannot be considered as *contagious*, in the strictly *technical* meaning of the term. Even Dr. Müelig, of Constantinople, who is the latest champion of the doctrine of contagion, appears to limit the extent of the poison of contagion, evolved from the bodies of cholera patients, to

the choleraic excretions, and with this limitation his comparison of cholera, as a contagious disease, to small-pox, becomes, to say the least, somewhat lame. He says that while in variola the contagion is furnished by the skin, in cholera the excretions, especially the dejections, propagate the choleraic infection.

Now, there are three well defined classes of epidemic disease. In one the disease is caused by general morbific influences, and spreads as far as those influences operate, without generating in the bodies of those attacked, a peculiar poison by which the disease is propagated. This class embraces *malarious fevers*. The second class, springing ftom somewhat similar causes, but developing, in its course, in the body of the patient a poison which proves more or less contagious,—but the poison of contagion still playing a *secondary* rôle—the class of *petechial* or *typh-fevers*. Thirdly, epidemic diseases which *depend* ENTIRELY *upon a contagious poison, small-pox* being the type of this class.

It is evident that our present knowledge of cholera does not warrant us in classing it under any of these three well-defined forms of epidemic occurrences. The poison of cholera, whatever its nature, is not so certainly and widely communicable as that of small-pox; and there is in the whole history of the two diseases, their origin, spread, course, symptomatology, not one really tenable point of analogy. The poison of small-pox will produce small-pox, when a person is exposed to it, under all circumstances, while, if communicable at all, that of cholera seems to manifest itself accidentally, and always dependent upon a favorable condition of its peculiar atmospheric and terrestrial factors, and seems to be limited to the ejections and dejections of the patient.

Nor can cholera be put among the epidemics of the other two classes. The origin of malarial epidemics, and the causes of those of the petechial or typh class, are perfectly well understood; and their history presents sufficient marks of distinction from epidemics of cholera. Until we know more about the *real causes* of cholera, then it is best to consider it as *sui generis*, and this will but tend to renewed study and endeavors to elucidate more positively its nature.

Dr. SNOW, one of the ablest Sanitarians of the United States, and Health Officer of the city of Providence, R. I., has written a letter, which is published in the *Providence Daily Journal*, in which he answers at length, and in the most decided negative, the question, "Is Asiatic Cholera contagious?" The paper is written for the people—not for physicians,—and as far as Dr. SNOW combats the error of specific, personal, unavoidable contagion, and disabuses the public mind of *unnecessary fear and alarm*, we entirely agree with him.

But Dr. SNOW touches a point which involves more than the mere question of personal contagion—*the question of abolishing quarantine*,—and here it is that with all due respect, and the highest appreciation of the author's services as a sanitarian, we must differ from his conclusions. He says:

"Again, the whole question of quarantines for cholera depends almost wholly upon the fact whether it is contagious or not. If the cholera is contagious, quarantines are useful to prevent it, and should be rigidly enforced; if the cholera is an epidemic, and not a contagious disease, as nine-tenths of those who have investigated its causes believe, then quarantines for its prevention are useless, and if useless, they are certainly inhuman and a disgrace to civilization. We might add that if the disease is contagious, as the advocates of quarantine profess to believe, it is certainly a strange policy in civilized countries, to confine well persons for weeks within the narrow limits of a vessel, in almost constant contact with the sick."

Now, while we admit that it has not been shown that cholera developes in the body of the patient a certain specific poison which, *by itself*, when coming in contact with other persons, and regardless of all other extraneous circumstances, is sufficiently powerful to propagate the disease, we cannot entirely discard the opinion entertained by many eminent men, and apparently founded upon well-observed facts, that there is a high probability that, under favorable circumstances, when it finds a population well prepared by neglect of proper sanitary rules, by dirty habits, intemperance, filthy streets, noxious sewers, corrupt emanations, inadequate ventilation, foul water, bad food, and in a season when the peculiar conditions of air and soil, which precede or accompany its course, have been in existence, cholera may then be engrafted upon and spread among a community thus prepared, by the introduction of patients already suffering from the disease. If such is the case, if there be a probability, and *but* a probability, that by restricting the immediate intercourse of cholera patients, arriving in our ports, with the population of our cities, which present all the conditions favorable to the outbreak of any epidemic, we can prevent, retard, or diminish the chances of an epidemic, then we say this probability is sufficient to warrant the adoption or retention of such measures of quarantine as will restrict such intercourse. However strongly we may be wedded

to the belief that cholera is not *specifically* contagious, until it is positively proven that it cannot accidentally become contagious under favorable conditions, the interests of our densely inhabited cities on the seaboard, the immense interests of a nation of thirty millions, more active in mechanical, industrial, and commercial pursuits than any nation on the globe, the interests of every man, woman, and child, demand that the benefit of the doubt be thrown *in favor of this probability*, and that the temporary comfort of comparatively a few be sacrificed to the probability of preventing the death of many, and the desolation caused by a general and national epidemic.

These views are, we believe, held generally by the profession, and are the results of that wise caution which should characterize all our proceedings and efforts in shaping public opinion and public measures. We have no right to denounce quarantine and to advocate its abolition, unless we take the whole responsibility on our own shoulders, unless we can *demonstrate* not only that cholera is not specifically contagious, but that the indiscriminate introduction of and intercourse with cholera patients and those who have been long among them can *never, under any circumstances*, cause or facilitate the outbreak of an epidemic in a population, in which all other factors of the disease, of whatever nature, may be present, and may have been mysteriously operative. Are we willing to assume this broad responsibility? Do the facts positively known in the present state of our knowledge, regarding cholera, prove, beyond doubt, that such is not and can never be the case?

At a recent meeting of the Suffolk (Boston) District Medical Society, Dr. J. B. S. Jackson offered the following resolution, which was adopted:

"*Resolved*, That, in the opinion of this Society, *cholera is not contagious*. That the safety of the community, however, depends in a great measure on the regularity of the habits and cleanliness of the dwellings of its inhabitants; and, as in former epidemics, the disease has prevailed in those localities which were the most crowded and filthy, the propriety of immediate attention to such localities should be strongly urged upon the City Government."

In its editorial comments, the *Boston Medical and Surgical Journal*, lest this resolution should be wrongly interpreted, speaks as follows:

"We do not understand that the above resolution touches the question of the expediency of quarantine exclusion of cholera cases from our city. It stands as the formal expression by the members of the Suffolk District Medical Society, of their agreement in opinion with the highest authorities of the medical profession on the question of contagion. We have been most emphatically assured by gentlemen who voted for this resolution, that they by no means intended thus to imply that they regarded quarantine regulations as useless. On the contrary, unless we are misinformed, the feeling of many, if not the majority of those present, was decidedly in favor of quarantine. In this, we feel that they and the municipal authorities are supported by all that is known of the present epidemic."

One last consideration. Quarantine may be neither *inhumane*, nor a *disgrace to civilization*, as intimated by Dr. Snow, any more than our present hospitals for the Insane are such, though there was a time when they were. On the contrary, a wise policy in the detention by quarantine of passengers, both sick and well, of vessels suspected of carrying the germ of disease, under the peculiar circumstances of an immense immigration from Europe, which promises to exceed all previous experience, will, if administered in a liberal spirit, prove a blessing to those who are subjected to it, as well as to the communities amongst which they will be eventually dispersed. During the coming year, probably not less than a quarter of a million of people will seek refuge from the political oppression and social rottenness of Europe on the shores of the Great Republic of the United States. The great masses of these people will come, after a longer or shorter stay in filthy, illy-ventilated, overcrowded emigrant-hotels of European ports, in overcrowded vessels, with the discomforts, the hygienic disadvantages of protracted and often stormy voyages, to be thrown into overcrowded cities, into filthy, overcrowded, illy-ventilated emigrant-hotels of our ports, among strange scenes, strange men, and, to them, a whirl of strange life. Is it *inhumane* on the part of municipal authorities to take them in charge, and even if it cannot be done except by the detention of a few days, to separate completely the sick from the well, to care properly and liberally for the former, and to place the latter in the best possible hygienic condition, by thorough enforcement of cleanliness, ventilation, and by a few days rest and quiet preparation, to land on our shores, without carrying the danger of disease to themselves and to the communities which receive them? Is it a disgrace to humanity to do this? Must the foul stench, the reeking filth of an emigrant-ship be unloaded before our very noses, and her living freight be "dumped out," as it were, into our streets for the sake of gaining a few days?

Far from being inhumane and a disgrace, we would say that the establishment of proper quarantine, and the detention of all passenger vessels carrying large numbers of immigrants, for

the purpose of placing them in a proper sanitary condition, are measures which have their foundation not only in the *right* of municipal authorities to protect their communities, but which it seems to us the imperative duty of the national government to enforce by congressional enactments and executive administration. We have just emerged from a terrible war. We want laboring force North, South, East, and West. We will in a few years count our foreign immigration by the million probably, and no mistaken practice of humanity, or to express it more forcibly perhaps, of *free-trade* and *free-intercourse*, will recompense for the risks we may run, the dangers we thereby invite, and the jeopardy in which we place the population of our large centres of commercial intercourse. If anything is wanted at this time, it is not the abandoning of quarantine, but its extension, so as to embrace a liberal and thorough taking care of the interests of the immigrant, and the widest facilities to promote them. If, as is the case in the port of New York, a peculiar State pride of a neighboring State is in the way of granting these facilities, let a wise statesmanship try to overcome the pride and prejudices which blindly oppose the interests not only of that State itself, but of the nation.

Let us have quarantine; for we sincerely believe that we speak for the profession, when we say, that *it* is not yet ready to assume the responsibility for all the possible consequences of its abolition.

Notes and Comments.

☞ *Subscribers are reminded that payments are credited at the rate of* $4 *a year if mai ed before the first of January.* After *that time they will be credited at the increased rate of* $5.

Medical Classes in this City.

As we anticipated, both the medical colleges of this city have larger classes than they had last session, though there are very few students this winter from the South. The University, we learn, has about five hundred, and the Jefferson College about four hundred matriculants.

Martin Bossange.

Many of our readers are doubtless familiar with the name of the firm "Bossange, Fils," of Paris, booksellers and medical book publishers. Martin Bossange *was the oldest bookseller in Europe.* He died on the 24th of October, having attained within a few months the advanced age of one hundred years. He had the full possession of his faculties almost to the last moment of his life. The present Emperor, Napoleon III., conferred on him, in August last, the order of the *Légion d'Honneur*, which was promised him by Napoleon I. in 1813, as a reward for his great abilities as a bookseller of the time of the first Empire.

Dr. Richet has just been appointed to the chair of Surgery at the School of Medicine of Paris, made vacant by the death of Prof. Malgaigne.

New Medical Journals.

A new medical journal, to be published once in two weeks, is to be started in New York with the incoming year. We have not learned the name. Dr. Geo. F. Shrady is to be the editor. Wm. Wood & Co., the medical book publishers, are the proprietors. It will have a fine field to work in, and, as we understand that it will be conducted on liberal financial principles, it ought to succeed well.

Dr. Frank A. Ramsey issues the prospectus of "*The Medical and Surgical Monthly*," to be published in Memphis, Tenn. A well conducted medical journal should, and, we think, would be well supported in Tennessee, and we wish Dr. Ramsey eminent success in making a good journal, for *that* will be the measure by which success will or will not be attained.

News and Miscellany.

Pension Examining Surgeons.

The following are recent appointments:

Vermont—Dr. Wm. S. Hopkins, Vergennes.

Connecticut—Dr. Wm. H. Trowbridge, Stamford.

New York—Drs. Benjamin Norton, Belmont; J. H. Ripley, Massena; Alonzo Churchill, Utica; T. M. Flandreau, Rome.

Kentucky—Drs. H. Rodman, Frankford; Levi E. Goslee, New Castle.

Tennessee—Dr. Lorenzo D. Hogle, Dover.

Promotion.

Dr. Edward W. Breneman, U. S. A., of Lieutenant-General Grant's staff, has recently received the promotion to a brevet major in the regular army. Dr. Breneman entered the army in 1861, and most of his service has been in the field with the Army of the Potomac. During the winter of '62, '63, he was stationed at the Satterlee Hospital in this city.

Dr. Barth, the African traveller, is dead.

Specialties in Medicine.

The following is an extract from Professor Brainard's late address before the American Dental Association.

Now, the principle that I wish particularly to assert here, is this, that the medical profession, in order to be most useful, in order to acquire its due influence over the community, in order to perfect its knowledge of the nature and treatment of diseases, must adopt a special course of study; each individual member embracing that course which he judges on the whole to be best adapted to his faculties, and leaving out, to a certain extent, others for which he has no qualifications. I advocate special studies and special practice; and, although the words have been somewhat discredited, I advocate "specialties" and "specialists."

Now, I undertake to say, that the very great opposition which this doctrine has met in the profession, is not founded upon reason or justified by the experience of the profession. It is an opposition which is working to the disadvantage of the profession as well as the public, and to the manifest disadvantage of a very great number of the individual members of the profession; and therefore I wish to insist a little upon the point.

What are the natural divisions of the science and practice of medicine? Is there no natural division? I hardly think that any one would be so bold as to assert there are, and ought to be, no no natural divisions. For a long time, when the science of medicine was in a very rude and imperfect state, the members of that profession did study and practice all its branches; and in the older works on surgery, pharmacy and chemistry were as much treated of as the operations of surgery. Still, even at that time, there was the commencement of division, and the first was into pharmacy, surgery, and obstetrics. The next division which came was into medicine and surgery, surgery being, as I have stated, the mechanical application in the manner already indicated. At a later period, there commenced to be apparent the distinction between the obstetrical department of the profession, and separation between pharmacy and medicine was accomplished entirely. By degrees the distinction between obstetricians and medical practitioners came to be recognized in particular localities, in large cities especially, to a very considerable extent; so that medicine, toward the middle of the last century, might be said to be divided into pharmacy, medical practice, properly so called, surgery, and obstetrical practice; whilst yet it remained true in regard to the greater portion of the civilized world—the country in general, in America, as well as in Europe—that the larger number of practitioners continued to practice all its branches, to collect and prepare their own medicines, to practice pharmacy, surgery and obstetrics. And at the present day, this is the case with a very large part of the profession throughout the civilized world.

Now, it is manifest, all experience and reason show, that men who practice medicine in this way, practice it only in a rude and imperfect manner; that they neither understand pharmacy, nor medicine, nor obstetrics; that, from the nature of things, they are incapable of acquiring skill in any one of those branches; that it is absolutely necessary, in order that there should be any progress in regard to the science or practice of medicine, that some of these should be excluded, and others proceeded with especially, by each individual member of the profession.

Let us examine the question for a moment. The dentists, as a body, have, according to my own knowledge and observation, perfected the mechanical means of performing operations beyond what has been done in any other branch of the profession. They are better mechanics than the surgeons, and their instruments for accomplishing the different objects which they have in view are more numerous and better suited to their purpose than are the instruments of surgeons. Now this is essential to the proper performance of dental operations. And how has this happened? It has been simply that there have been dentists, as a class, who have devoted their attention to that purpose; and we, as surgeons, never could have invented or perfected these instruments, and consequently could never have perfected dentistry. And that division of labor is a thing which, at the present day, is manifestly necessary, and which no one now disputes.

In regard to surgical instruments, there are two departments in which they have been singularly perfected. The one is in regard to those instruments which are used for crushing urinary calculi, which are the most admirably adapted to their purpose. How did that come about? Three men of genius at the same time happened to devote their whole attention to that thing, the crushing of stone, and they especially perfected those instruments. And without that perfection of these instrnments, the crushing of urinary calculi must have remained for ever, as it had up to that time, a mere phantom, floating in the mind, without any practical application whatever. Therefore it was necessary in this particular that there should be special studies. The other branch in which I consider the mechanical means to be wonderfully perfected, is that regarding instruments for operations upon the eye. These instruments have been brought to such a degree of perfection, of delicacy and accuracy, that they are capable of accomplishing things almost inconceivable, and accomplishing them regularly, constantly, and without difficulty or danger. Now, how has this happened? It has happened in the same way; there have been a class of men who have devoted their attention to that subject exclusively, have thought of nothing else, have worked at nothing else but the perfection of means for the accomplishment of that which they saw before them to be done. But when you come to other things that have not been made specialties, the condition of our science is singularly rude and imperfect. There is nothing in our science at the present day which has the slightest claim to be a respectable apparatus for the treatment of fractures. Particular individuals, by the attention which they have paid to it, and by an excess of superior mechanical talent or ingenuity, have been able to accomplish, with the instru-

ments which they use, a considerable degree of success; but there is no instrument for any given fracture that can be mentioned, that can be taken by a person of ordinary good education of the profession, and put upon the member in such a manner as to accomplish any perfect result. The greater number of instruments which are used in the profession, for fractures of the leg, and called, "fracture boxes," are not anything better than dry goods boxes, and simply serve to accomplish the result of concealing from the surgeon the position in which a limb may happen to lie. What is the reason of that? The reason is, that there never has been as yet any instance that a man devoted himself to fractures as a specialty, and nothing else, and this is the one branch in which a specialty is most needed. They are the species of accident which are the most frequent, and which disable a man more than any other, and entail untold miseries upon him if unskilfully treated; but the instruments for the accomplishment of this purpose never will be reduced to any great perfection, until it shall be known that the devoting of time and talents to one subject leads to honor, and not to being partially thrown out of the profession.

If I should be unfortunate enough to meet with a fracture of the jaw, the first thing I should do would be not to send for a surgeon at all. I should send for a dentist. They have directed their attention to the mechanical means and apparatus necessary for holding the jaws in their place, to such an extent, that they are better qualified to make them than surgeons are, as a general thing, and, perhaps I might say, more than any surgeons are.

I might go on and point out to you that with regard to no one thing about them are the instruments used by surgeons the best adapted to their purposes.

We are disputing, at the present day, all over the world, what kind of sutures are the best to use. A great many of our instruments for the purpose of ligating arteries and performing similar operations, are singularly rude and imperfect, and their imperfection is only remedied by the skilful use of the fingers of the surgeon.

How is this to be remedied? It is to be remedied, gentlemen, by special study; by the profession changing its views upon that subject, and saying to the young men, when they are entering the profession, and when they are about to leave the schools, that it is better for them to devote themselves to some particular branch of the profession, and try to understand it.

Pauper Population of England.

The pauper population of England and Wales, writes the correspondent of the *N. Y. Times*, to say nothing of Scotland and Ireland, is at this time of wonderful prosperity; close upon a million—larger than the entire population of twenty-one of the States of the American Union at the last census. and about equal to the populations of such States as Massachusetts or Missouri. Imagine, if you can, one million of paupers. Of these, nearly forty thousand are insane—an insane population as large as New Haven or Troy, with idiots enough to people Newport, New London, or Hoboken. Not that these pretty towns would hold all the idiots. These are only the pauper idiots who are supported by the rates. There is a higher class living on taxes, rents, tythes, and so on, that would swell the number beyond my present means of computation.

With the million of actual paupers you may class two millions more who are on the verge of pauperism, and suffering more or less from destitution, keeping up a sad and sorry fight for dear life, which ends as such struggles must. When I look at the ignorance, vice, and misery, throughout these poverty-stricken millions, I cannot help thinking that England wants something more effectual in the way of reform than suffrage extension to six-pound householders. In my humble opinion, what England wants is a government.

Clay and Glycerine for Modelling.

We read in *Cosmos* that a mixture of clay and glycerine, which keeps its plasticity for any length of time at all temperatures, has been found very useful by modellers. The clay must be well dried before it is mixed with the glycerine. It is said that the mixture can be used in place of wax for the most delicate work.

Dr. Geo. W. Marsters, of Waltham, Mass., late Ass't Surgeon, U. S. Navy, has been appointed Assistant Surgeon to the Massachusetts State Almshouse at Tewksbury.

A Substitute for Lint.

A surgeon in the Vosges recommends the use of an aqueous plant, *conferva bulbosa*, in place of lint, to which he declares it to be much superior. Dr. Jobert de Lamballe recently tried it in the hospitals, by order of the Emperor, and reports very favorably of it. He says that it may be advantageously employed instead of common lint, and it would be better still, if it could be deprived of the putrescent substances it contains. —*Brit. Med. Jour.*

Buddhaism and the Microscope.

While the great Prussian microscopist, Ehrenberg, was travelling through India, he fell into a conversation with a Brahmin, whose religious faith forbade him taking life of any kind, or eating of that which had ever possessed life. Ehrenberg wishing to demonstrate to the Brahmin the absurdity of his belief, exhibited by the microscope the world of animalcule life contained in a single drop of water.

"Alas!" said the poor Brahmin, in despair, "you have destroyed my happiness and my life also; for I see now that I shall never be able to drink, and must perish of thirst."

Ehrenberg answered him by showing that a single drop of rum poured into a tumbler of water, caused all the animalculæ to precipitate themselves to the bottom of the glass. I trust this solution of his perplexity did not lead the Brahmin into habits of intemperance.

MARRIED.

Blake—Mason.—In Brookiyn, Dec. 13, by the Rev. Dr. Kimball, Clarence A. Blake and Elizabeth D., daughter of Dr. Theodore L. Mason.

Borden—Graves.—In New York, on Thursday, Dec. 14, by Rev. J. Millard, John G. Borden and Ella L., daughter of Dr. L. Graves.

Cropper—Corwin.—Dec. 5th, at the residence of the bride's father, in Lebanon, Ohio, by the Rev. Dr. Leonard, Dr. Charles, Cropper, of Cincinnati, and Miss Carrie, youngest daughter of the Hon. Thomas Corwin.

Earl—Carpenter.—In New York, Frank O. Earl, M. D., and Miss Sarah Carpenter.

Field—Schmidt.—Dec. 14, at Grace Church, N. Y., by Rev. Dr. Taylor, William H. Field and Emily Southgate, daughter of the late Dr. J. W. Schmidt, all of New York.

Hersom—Lord.—In Portland, Me., Nov. 25th, N. A. Hersom, M. D., late Surgeon 17th Maine Vols., of Farmington, N. H., and Miss Jennie S. Lord, of Springvale, Me.

Johnston—Winwood.—Dec. 6th, by the Rev. Wm. H. Harrison, D. D., Mr. James M. Johnston, of Cincinnati, Ohio, and Miss Alice W. Winwood, daughter of the late Dr. Winwood, of Springfield, Ohio.

Marbourg—Gilbert.—At the residence of S. S. Forney, Esq., Gettysburg, Pa., Nov. 23d, by Rev. W. R. H. Deatrick, M. Marbourg, M. D., of Wilton, Iowa, and Jessie E. Gilbert, of the former place.

Thomas—Williams.—In Boston, Nov. 30th, Alexander Thomas, M. D., and Miss Margaret Williams.

DIED.

Buckingham.—At Springfield, Ohio, Nov. 29th, Mrs. Mary M. Buckingham, wife of Dr. E. M. Buckingham, in her 36th year.

Huntington.—In Lowell, Mass., Dec. 13, after a few days' illness, Dr. Elisha Huntington, æt. 69. Dr. H. was at one time Lieutenant-Governor of the State, and has been many times Mayor of Lowell.

Jarvis.—In New York, Dec. 8, Kate M. Jarvis, daughter of the late Aaron Jarvis, M. D., and Agnes Harrison Jarvis.

OBITUARY.

Dr. Heinrich Barth.

The foreign mails by the Java announced the death, in Africa, of Dr. Heinrich Barth, the noted explorer. Barth was born in Hamburg, in 1821, and after obtaining a good classical education, began his career as a traveller by making a tour through Italy and Sicily. From 1845 to 1847, he was engaged in a journey in the north of Africa, visiting Algiers, Tunis, and Tripoli, making short excursions into the interior, and continuing his travels through Egypt, Sinai, Palestine, Asia Minor, and Greece. In 1849 he published an account of this interesting and extended trip. In this same year, Dr. Barth started with a scientific party which was formed at Berlin for an exploration of Africa. The party left Marseilles in December, 1849, and returned in September, 1855, having travelled at least twelve thousand miles. Bruce's African travels covered only two thousand two hundred miles, and Mungo Park's but fifteen hundred. In 1857, appeared Barth's "Travels in North and Central Africa," a work which at once placed him in the front rank of travellers, and secured his recognition as such. He was engaged in another exploration at the time of his death, the particulars of which have not yet been received.

Rev. Dr. Ducachet.

On the 15th inst., Rev. H. W. Ducachet, M. D., D. D., an eminent Protestant Episcopal divine of this city, died suddenly of apoplexy. Dr. Ducachet was born in Charleston, S. C., in the year 1797, and at the age of ten years came to Philadelphia, and at the celebrated school at Mount Airy received his early education. At seventeen, he went to New York, and with Dr. Hosack as his preceptor, entered upon the study of medicine, and four years later graduated with distinction. He subsequently contributed numerous papers to the *Medical Repository*, wrote a translation of the "Prognostics of Hippocrates," and edited a volume of lectures on "The Theory and Practice of Medicine," delivered by his former preceptor, to whom he dedicated the work. At an early age, he determined to study for the ministry, and having, about the year 1825, been ordained, he assumed the charge of a parish in Salem, Massachusetts, a position he relinquished to take a similar one in Norfolk, Virginia. On December 11, 1834, Dr. Ducachet was instituted rector of St. Stephen's Church in this city, and continued to occupy that position, respected and beloved by all who knew him, to the time of his death. He was also the chaplain of the Burd Orphan Asylum, an institution which owes its origin to his untiring efforts. Less than ten weeks ago, his only child and namesake, a surgeon in the army, died in Washington, and that event is supposed to have had much to do with the sudden death of the father.

ANSWERS TO CORRESPONDENTS.

Dr. O. A. C., Cochecton, N. Y.—Byford on Diseases of Women, sent by mail, Dec. 15th.

Dr. T. P. McC, Fort Wayne, Ind.—Skoda on Auscultation, Slade on Diphtheria, "What to Observe," etc., sent by mail, Dec. 15th.

Dr. D. L., Warsaw, Ohio.—Turnbull on Vision, Do. on Deafness, sent by mail, Dec. 15th.

Dr. G. A. M., Plainfield, Conn.—Chambers' Renewal of Life, sent by mail, Dec. 15th.

Dr. J. H., Petersburg, Ind.—Turnbull on Vision, Do. on Deafness, sent by mail, Dec. 15th.

Visiting Lists have been sent by mail to the following persons: Drs. D. W. J., Kittery, Me.; W. H. W, Myerstown, Pa.; W. B. A., City; J. H. G., New York; L. C. B, Essex, Vt.,; G. F. F., New Egypt. N. J.; J. W. M, Shippensville, Pa.; J. C. H. Wheeling, W. Va.; H. L, New York; J. G. M., Six-mile Run, N. J.; T. E. S., Baltimore, Md.; W. M. W., Reading, Pa.; M. R. K., Gwynedd, Pa.; T. C. L., Middletown, Pa.; P. R. W., Selin's Grove, Pa., R. M, Tuckahoe. N. J.; F. A., McGregor, Iowa; H. H., Pittsburgh, Pa.; J W. M. S., Columbus, Miss.; G. W. J, Woonsocket, R. I.; S. D. M. and J. M. R., Callensburg, Pa.; A. M. S., Shimersville, Pa.; J. E. C., Canton, Pa.; L. S., Newark, N. J.; C. McC., and J. O. S., Georgetown, D. C.; R. H. M., Herndon, Pa.; A. E. B., Mount Holly, N. J.; L. D. H., City; C. B., Holyoke, Mass; E. S., City; M. N., Whitemarsh, Pa.; W. H., Trexlertown, Pa.; G. W. L., Clyde, O.; W. G., Stony Point, N. Y.; E. R., Niles, Mich.; E. A. O. Trenton, Ohio. S. L, Attleboro', Pa.; C. J. F., Lima, Ohio; J. P. De B. and J. W. C., Evansville, Ind.; R. R. B., Leverington, Pa.

Hand Books have been sent by mail to the following persons: Drs. J. S. F., New Loudon, Pa.; J. P. K., Panama, S. A.; L. C. B., Essex, Vt; H. M. H., Augusta, Me.; W. P. McN., Shirleysburg, Pa.; F. S. K., Reedsville, Pa.; R. C. H., Howell, Mich.; R. C., Antistown, Pa.; D. C. G., Waterloo, Pa.; G. W., City; S. S., Brookline, Mass.; C. F. W. and E. H. B., Pennsburg, Pa.; G. A. M., Plainville, Conn.; S. A. R. and H. C. La F., Bedford, Ind.; S. H. S., Unionville, Iowa; R. M. G., Stratford, Conn; A. F. P., Bucksport, Me.; L. S. B., Pennington, N. J.

METEOROLOGY.

December	11,	12,	13,	14,	15,	16,	17.
Wind	S. W.	E.	W.	N. W.	N. W.	N.	N.
Weather	Clear.	Rain.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain		1 3-10					
Thermometer.							
Minimum	26°	33°	38°	25°	8°	5°	16°
At 8 A. M.	32	50	47	35	18	13	25
At 12 M.	42	55	47	38	22	24	30
At 3 P. M.	45	56	48	35	22	24	31
Mean	36.25	48 50	45.	33.25	17.50	16.50	25.50
Barometer.							
At 12 M.	30.2	30.	30.2	30.2	30.3	30.3	30.3

Germantown, Pa. B. J. Leedom.

Medical Society of New Jersey.

The 100th Annual Meeting of the Medical Society of New Jersey will be held at New Brunswick, on the fourth Tuesday (23d) of January, at 11 o'clock, P. M.

Delegates are requested to furnish the Recording Secretary with their credentials before that day, and be prepared to pay to the Treasurer the respective district assessments.

On Tuesday the regular business of the Society will be attended to, and on the next day, (Wednesday,) at 11 o'clock, A. M., the appropriate exercises of the centennial celebration will take place, viz.

Address by the President, Dr. Ab'm Coles.

History of the Society by Dr. Wm. Pierson, Recording Secretary.

Dinner, of which delegates from corresponding Societies and invited guests will partake.

The remainder of the day will be spent in social intercourse, and listening to speeches at the table.

N. B. All regular members of District Societies are entitled to attend the celebration without the authority of delegation.

William Pierson, Recording Secretary.

Dec. 16, 1865.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

ON CHOLERA.

Read before the Philadelphia County Medical Society, October 11th, 1865.

By Andrew Nebinger, M. D.

(Reported by Wm B. Atkinson, M. D., Recording Secretary.)

Cholera, epidemic cholera, the subject selected by the Business Committee for this evening's discussion, is perhaps, of all others, the most important, if not the most interesting, to which our attention could be invited, in view of its destructive prevalence abroad, and the probability of the disease visiting our homes at no very remote period.

As conservators of the public health, it is our duty early to discuss this subject, coolly, temperately, to sound the alarm, and to invite public and private energies and resources to marshal themselves and to make ready for the coming conflict, to prevent the spread of the disease, and its devastation from being as vast as it will be, if the necessary preventive or modifying hygienic measures, public and private, are not applied, and by the study of the nature and treatment of this formidable and malignant malady, to so qualify ourselves as to enable us at the bedside to divest it of much of its terror and malignancy.

Cholera, for the purpose of study, has been divided into four stages. Indeed, it may be said it divides itself into those stages. The first is the incipient. Second, the stage which is principally marked by gastric and enteric disturbance, accompanied with cramps or spasmodic action of the muscles. Third, the collapse. Fourth, the stage of reaction, or febrile stage, as it has been called by Joseph Brown.

1st. The incipient stage. During the prevalence of epidemic cholera, and indeed for a short period, say for two weeks, anterior to its outbreak, it has been remarked that nearly entire communities have complained of a sense of lassitude, an uncomfortable feeling in the bowels, particularly about the umbilicus, with a disposition, on the part of the bowels, to be easily provoked by slight causes to frequent movements. This condition is followed by a diarrhœa, which is accompanied with but little, if any pain, and is only slightly exhausting. Those thus affected will often move abroad, attend to their business, and sometimes look upon this condition with some favor, regarding the diarrhœa, particularly as it is unassociated with pain, as an activity of the bowels which has been averted to remove some unhealthy condition, which, if not so removed, would ultimately produce some serious disturbance of the general health. This view of the incipient diarrhœa of cholera I know, in 1849, to have been entertained by many, some of whom refused to use in good season remedies for its arrest. The diarrhœa, for the first day or more, is fecal and of a somewhat bilious character. The discharges are rather small, and not very frequent, especially if quietude or rest be observed. The evacuations now alter, they are no longer fecal, but become thin, watery, copious, and frequent, attended with very slight pain, but accompanied with a feeling of prostration. These, then, are the conditions of the first or incipient stage of cholera, and which have been called by some cholerine.

This is the important period for action—the time for the effective use of remedial agents, the period when the vast majority of those attacked with cholera, by judicious treatment, may be cured, and many of them prevented from reaching the second and vastly more unmanageable, as it is the more painful stage of the disease. Unfortunately, in consequence of the incipient or cholerine stage having associated with it but little pain, and the sickness being regarded by the sufferer as a slight attack of ordinary diarrhœa or looseness of the bowels, medical attendance is often not invited, and if remedies are used, they are domestic remedies for bowel complaints, or some publicly puffed or privately recommended cholera mixture. The first stage being fully developed, and the second stage about to commence, although the sufferer may not feel much, if any, alarm for his safety, or even recognize his condition, his appearance has become so changed, this change being marked by a somewhat sunken condition of the eyes, pinched-up features, and altered voice, that those about him take alarm, which being expressed, he then, for the first time, realizes the fact that he is being tightly held as a victim of cholera.

It is of the utmost importance that the community should be instructed in regard to this condition, that they may learn to regard it as every well instructed physician regards it, as the beginning of cholera, and not only as its beginning, but the period, of all others, in the condition of the disease, when remedies may be applied and treatment pursued with the greatest probability of success; that this, the golden opportunity for the arrest of the disorder, not understood or disregarded, the probability of the fatality of the attack will be increased many-fold, with the surety of greatly increased suffering.

The community, I repeat, should be instructed in this matter, that they may understand the vast importance of an early application for judicious medical interference, and this instruction must be conveyed to them by medical gentlemen verbally, or through the instrumentality of the secular press. I fear that there may be periods when the profession is too reticent, and that the well and properly cherished aversion to appear in the secular press, or to have any of the proceedings of its societies to meet the public through such channels, may be carried too far, and the public be thus denied the vast benefits of instruction in regard to the early commencement of treatment of the disease, when it presents in an epidemic form, and the means of prevention, which they can only receive with faith and confidence from the enlightened members of the medical profession. Asking forgiveness for this partial digression, I will return to the consideration of our subject.

The incipient stage of the disease being passed, the patient enters upon the second stage. This is marked by diarrhœa, the discharges being frequent, serous, of slight odor, and of color closely resembling rice water, and hence have been called "rice water discharges"—these discharges have floating in them white flocculi. The evacuations are frequently very large, amounting to a pint and more for several successive motions, and are thrown off, as a general thing, with great force, and are but seldom preceded by, or accompanied with, or followed by acute pain. Each discharge exhausts the patient in a marked degree, and produces decided change in the expression of the face and reduction of the pulse. After the serous diarrhœa has continued for a few hours, vomiting sets in, sometimes the diarrhœa and vomiting occur at the same time. The first matter ejected from the stomach, if the patient had not taken food for a few hours previous, is a thin glairy mucus, mixed with a watery fluid: after a few such ejections, there is set up the vomiting of a clear, almost colorless, watery-looking fluid. At first, the quantity is small, but in a little time becomes large, so large, indeed, that patients will express surprise at the quantity of water which they eject, and make the inquiry of where it all comes from, they having drank only a very small quantity, compared with that which the stomach has thrown off. There is now going on in the bowels and stomach exosmotic action to so great an extent that the blood becomes exhausted of its serum, and the tissues, as a result, yield up their fluid to the absorbents to such an extent as to cause the sufferer to rapidly emaciate. The serous diarrhœa and serous vomiting being now fully established, cramps or muscular spasms of the limbs take place. These are soon associated with spasms or cramps of the abdominal and other muscles, spasms of the stomach and bowels. Now it is that the acute suffering begins—the cramps are terrific, the patient screams out in the greatest agony, and implores relief. The whole expression is changed, the eyes become deeply buried in their orbits, the cheeks sunken, the lips attenuated and cyanosed, the nose thinned, and the nostrils compressed, the trunk, limbs, and fingers wasted; the voice husky, feeble, and sepulchral; the temperature of the body reduced to such a degree as to feel unpleasantly cold to the touch of the physician and attendants, the tongue, partaking of the condition of the body, presents an unpleasant sense of coldness when touched. But little urine is voided, and is dark in color and strong in odor. The mind remains clear, and all the senses acute. The thirst is almost intolerable, and if the patient is permitted to take any fluid, it is cast off from the stomach almost immediately after being swallowed.

The disease not arrested, the collapse, the third and by far the most unmanageable stage of the disorder is ushered in. This is marked by diminished evacuations of the bowels, an abatement or complete absence of the vomiting, and a cessation to a very great degree of the cramps. The surface of the body becomes cold, the feet and hands of almost icy coldness, the tongue shrunken and very cold, the breath cold, the entire body bathed in cold perspiration, the hands and fingers shrivelled as if they had been held for a long period in water, and hence have been called "the washerwoman's hands;" the voice is very feeble, husky, and cavernous, lividity or blueness of the surface of the body, great lividity beneath the finger and toe nails; the eyes extremely sunken, the features so contracted and pinched up as to make recognition difficult. The pulse becomes scarcely perceptible at the wrists. Dulness of mind and personal indifference, and an almost total disregard of the things which appertain to time and eternity steals over the sufferer, to be followed, in a large majority of cases, by death; or occasionally, after existing in this sad and hopeless condition for many hours, reaction slowly, doubtfully advances until the fourth, the stage of reaction, or febrile stage, comes on.

This condition is marked by a slow return of the pulse at the wrists, a gradual increase in the temperature of the body, a fading away of the lividity, the eyes becoming more prominent, the voice more natural, a cessation of the excessive flow of perspiration, an absence of the indifference to the personal wants and interests. The countenance changes, and the entire expression becomes more natural. Now it is that complications are apt to spring up; such as inflammatory action of the stomach and bowels, the brain and its membranes, all of which will require the most careful management to bring the patient safely through to the haven of health.

The pathology of cholera may be said not to be fully made out. All we have in regard to it may be summed up in venous congestion of the stomach and bowels, sometimes the congestion of the liver, brain, and spinal cord, and sympathetic ganglia, dryness of the serous membranes, redness of the mucous membranes of the stomach and bowels, enlargement of the glands of Brunner and Peyer, and "lesions of the nerve centres and their investing membranes," and not unfrequently decided evidences of inflammation of the lungs have been observed.

It is unnecessary to remark anything in regard to the cause of cholera, it being, like that of most other diseases which prevail epidemically, not understood, but by some attributed to disturbed

electrical condition of the atmosphere, the presence of fungi, animalculæ, or a peculiar condition of the atmosphere, dependent either upon its altered atomic condition, or the presence of some *materies* or *seminia morbi*, or poison, the nature of which is not understood, and whose material character has never been detected.

Of the predisposing and exciting cause we know vastly more, and probably all that may be necessary to enable us, to a very great extent, to modify the influence of the cholera poison, to limit its ravages, and, under well regulated circumstances, prevent its attack.

Among the predisposing causes may be classed everything which is calculated to disturb the general health, to diminish the sum of vitality, and reduce the vital dynamics below the normal standard. The causes which are competent to bring about such results I need not here more than allude to, as they are those which are daily in operation, producing disease or adynamia, such, for example, as intemperance, irregularities of life, excessive toil, undue exposure, too small quantities of food, excessive eating and drinking, loss of sleep, great mental anxiety, a depraved or vitiated atmosphere produced by the presence of filth, imperfect drainage, decomposing animal and vegetable matter, the carrion gases generated at bone boiling, putrid fat and decomposed animal boiling establishments, and at the manufactories of fertilizing agents where the offal of slaughter-houses is used as a component part of the fertilizer.

Here, by the way of a parenthesis, permit me to remark that these boiling establishments and manufactories of fertilizers have become so numerous and so extensive in the southern section of the city as at the present time to create, in view of the expected visit of cholera, no little alarm in those who are residing within the limits of their baneful influences. Not only do they feel alarmed because of the contamination of the atmosphere by the foul gases which are eliminated at these establishments, but they recognize the fact that a fearful responsibility rests upon those to whom has been handed the great and important sanitary interests of the city, in not taking the necessary steps to abate or remove those causes of atmospheric pollution, and hence predisposing causes to attacks of cholera. In my heart, I hope cholera will not visit our city, but if it should breathe upon us its pestilential breath, and the residents of the localities where those great sources of atmospheric corruption exist, should be largely predisposed and afflicted, because of the corruption of the atmosphere by the foul gases which are generated at those boiling establishments and fertilizer manufactories, a muttering, nay, a loud utterance of dissatisfaction will be heard coming up from their midst, embodying the complaint that, notwithstanding they asked, urged, implored, and prayed the Board of Health to abate the nuisance and remove those sources of atmospheric vitiation, the Board was deaf to their complaints and prayers, and permitted them to be handed over to the destroyer with almost cold indifference—certainly, without taking a single step up to this time, as far as they know, to even mitigate the evil.*

The exciting causes of cholera may be said to be those conditions or things which are calculated to irritate, disturb, or greatly excite the mucous membrane of the alimentary tube—such as indigestible articles of diet, active cathartics, emetics, sudden impressions of cold upon the surface of the body, etc.

Treatment. The indications are clearly for the use of such remedies as will control the diarrhœa and the sickness of stomach, relieve the congestion of the stomach and bowels, and most important of all, relieve the congestion of the liver and normalize its secretion, arouse the nervous energy and allay the cramps or muscular spasms. To effect these purposes, various remedies have been employed and have their ardent advocates. Perhaps the most remarkable form of treatment which has been employed in past epidemics of cholera, and reported as being successful, is the strychnia and oleum terebinthinæ treatment, a report of which may be found in the Transactions of the American Medical Association, vol. 5, page 441, being part of the Report on the Epidemics of Ohio, Indiana, and Michigan, by Dr. G. Mendenhall. The treatment was practised, in 1850, in the Commercial Hospital, Cincinnati.

I read from the report referred to: "The following prescription was first tried (in the Commercial Hospital) by Dr. Howes, one of the resident physicians, under whose administration it was continued by the consent and advice of Professor Edwards, the attending physician at the time, both of them concurring in its propriety.

"℞.	Strychniæ,	gr. ss.
	Ol. Terebinth.,	f.℥ij.
	Mucil. Acaciæ,	f.℥viij. M.

"Dose—one tablespoonful, to be repeated every half hour, until the discharges ceased and perfect reaction occurred. In some of the worst cases, the dose was repeated every fifteen minutes. In one case, the amount named in the above prescription was renewed seven times, (equal to 3½ grains of strychnia,) and given in the course of forty-eight hours. In one case only were the poisonous effects of the strychnia observed; in this case, Ojss. of the mixture, (equal to 1½ grains of strychnia,) was administered in the course of sixteen hours, and quite severe tetanic spasms were produced, which were, however, relieved in a short time by chloroform inhalations, and the patient recovered.

"The number of cases of cholera treated in the hospital during the year was fifty-seven. Seventeen of these were submitted to a treatment consisting mainly of the exhibition of calomel, camphor, morphia, etc. The conditions and results were as follows:

In collapse (pulseless at the wrist)	8,	recovered	0
In approaching collapse,	8	"	3
In early stage,	1	"	1
	17	"	4

"Forty cases were submitted to what is called

* Since the reading of this paper, the Board of Health has caused some of the establishments referred to, to be closed.

'strychnia treatment,' the condition and results were as follows:

In collapse (pulseless at the wrist)	12,	recovered	2
In approaching collapse,	20	"	18
In early stage,	8	"	8
	40	"	28

"Six of the fatal cases reacted perfectly under the strychnia and turpentine, and died of consecutive fever."

In fairness to the "strychnia treatment" I have to state, that all of the accounts that I have met with in regard to it in the hands of other physicians than those of the Commercial Hospital, do not sustain its utility.

During the prevalence of the present cholera epidemic abroad, but little new in the way of treatment of the disease has been reported, with the single exception of Dr. Chapman's plan of managing the disorder, which consists mainly in the application to the spinal column of gum elastic bags filled with ice. The report of this treatment, as presented by Dr. Chapman, is of the most favorable character. He reports, I think, seventeen cases treated, and all cured, with one exception. I opine that it is well to receive such a report with some degree of caution, if not of skepticism.

After as careful reading as my limited time would permit, I beg to present as the result of that reading, that the vast bulk of testimony is in favor of the mercurial, opium, and acetate of lead internal medication, the application of counter-irritants, stimulating and rubefacient embrocations, dry cups (tumblers) to the abdomen and along the spinal column; stimulants, and to allay the thirst, pellets of ice. This treatment I pursued and saw practised by others in 1849. From what I know of its good results, I feel called upon here to give it my unqualified endorsement.

To an adult, in the fully developed first or incipient stage, I would give one to three grains of calomel, half a grain of opium, and two grains of acetate of lead, every half hour, until the diarrhœa and vomiting began to cease, when I would increase the interval between the doses to an hour, an hour and a half, or two hours, as the pressing symptoms abated. I would have applied over the entire abdomen and along the entire length of the spine dry cups or large tumblers, and their application I would have continued for at least half an hour, frequently removing and re-applying them during that time. The cupping finished, I would direct that the entire body and extremities be rubbed with an embrocation composed of ol. terebinth. and strong aq. ammonia. The rubbing I would have repeated every half hour, until improvement became manifest, when I would direct the intervals between the rubbings to be increased. This treatment I would continue through the second stage, occasionally re-applying the cups and increasing the dose of opium to relieve the cramps. I would now give whisky or brandy, and apply dry heat, *i. e.*, hot bricks, bottles filled with hot water, hot sad-irons, etc., to the extremities and along the trunk for the purpose of establishing a normal temperature and to invite increased capillary action in the skin. The opposite of this I know has been practised and recommended, namely, the rubbing the body with ice. Of the utility of the friction with ice, I am without any experience. To allay thirst, pellets of ice, and ice only, should be given. The thirst being almost intolerable, the demands for water will be made in the most urgent and pressing manner, but they must be resisted, and ice only given to slake the thirst. The recumbent position must be strictly maintained, the patient being refused permission to rise for any purpose. It is of great importance to secure good ventilation in the patient's apartment.

In the stage of collapse the use of dry heat and the rubefacients should be continued; stimulants, beef essence, and milk-punch should be given in small quantities, repeated at short intervals. The collapse being passed, complications of an inflammatory character presenting, great care, and very judicious care, will be required to bring the patient safely through.

In 1849, I had an opportunity of treating a large number of cases of cholera, and of witnessing the treatment of many other cases, some by the mercurial, opium, acetate of lead, and active counter-irritant and rubefacient treatment, such as I have endeavored to sketch, and others by treatment differing radically from it, and experience bids me declare that the preponderating evidence is largely in favor of the mercurial, opium, acetate of lead, counter-irritant and rubefacient treatment.

I have not said anything in regard to the all-important prophylactic treatment of cholera. I would be pleased to make some observations upon this vitally important matter, but I must for the present forbear, as I fear if I were to take up this portion of the subject, I would occupy too much time and prevent the participation of many of the members in the discussion, who I know have their mental storehouses crowded with important facts in reference to cholera, its treatment, etc., and who are anxious to contribute their quota to the general fund of knowledge upon the subject of the evening's discussion. If an opportunity shall present this evening, I hope to be able to say something in regard to prevention, and to make some suggestions in regard to the action this Society should take in influencing and aiding the public authorities in taking the steps which are necessary to prevent, control, and modify the spread and malignancy of the pestilence.

Phenic Vinegar.

Dr. Quesneville gives the following recipe for an anti pestilential. Take acetic acid, 900 *grammes;* camphor, in powder, 5 *grammes;* crystalised phenic acid, 100 *grammes.* This combination of three antiputrescents is said to be extremely useful, and for hygienic purposes far superior to *vinegar of the four thieves,* as toilet vinegar was once called. It has been used a good deal on board ship to keep the cabins of sick persons sweet.—*Chem. News.—British Med. Journal.*

Child-bed Mortality in Vienna.

At a late meeting of the Vienna Society of Physicians, Professor Spath stated in a report of the Clinical Lying-in Hospital for 1864, that out of 8,761 deliveries there were 86 deaths.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 30, 1865.

ENLARGEMENT AND INCREASE OF PRICE.

The pressure of literary material on our columns makes it necessary to announce an increase of the size of the MEDICAL AND SURGICAL REPORTER. This increase, together with an improved external appearance, will take place from the first of January next; from which time the subscription price will be FIVE DOLLARS per annum. The cost of paper and labor seem to be permanently fixed at high rates, and we are compelled to accept the situation, and graduate our subscription rate accordingly. If these expenses lessen, or a liberal support justify it, we shall be enabled to further enlarge the work, or expend more on the literary department, or perhaps do both.

☞ *All advance payments made prior to January 1st, 1866, will be credited at the present rate of $4 per annum.* Payments made *after* that date, will be credited at the rate of $5.

ANNOUNCEMENT of THE FOURTEENTH VOLUME.

The FOURTEENTH volume of the MEDICAL AND SURGICAL REPORTER begins with the first issue of January, 1866, and we take pleasure in announcing that we have effected arrangements that will place it on a better footing in a literary point of view than ever before. These arrangements include some new features, among which are the following:—

A RESIDENT EDITOR FOR NEW YORK CITY,

who will attend to all matters of general interest to the profession that emanate from that important medical centre. Full and intelligent reports of the transactions of the two chief medical Societies of New York, viz., the ACADEMY OF MEDICINE, and the PATHOLOGICAL SOCIETY, will appear regularly in our columns. The discussions before these societies are participated in by the *principal Physicians and Surgeons* of that city, and embrace every variety of subject interesting to medical men. Our columns will also be supplied with selections from some of the best clinics held in New York. All medical matters of interest arising in that field, will be independently and freely commented on. This arrangement will give New York and its medical interests a full representation in our columns.

In this city, our editorial arrangements include a chief editor, who devotes himself to the

GENERAL EDITORIAL MANAGEMENT

of the work, and to medical matters in this centre of medical education and publication. We have also engaged the services of one of the most erudite scholars in the ranks of the medical profession to take the special charge of the

REVIEW DEPARTMENT OF THE REPORTER.

New works of importance will be *fairly and independently* reviewed at moderate length, but a large part of the issues of the press will be noticed in a series of articles in the form of *Familiar Notes on Books*, or talks about books, that will, as best adapted to our columns, give, in a brief, comprehensive, and attractive form, a general idea of the merits of a work, and its adaptedness to meet the wants of the practitioner of medicine.

Our arrangements in this city also include reports of the Discussions before the *Philadelphia County Medical Society*, and choice selections from the *clinical teachings* in our various hospitals. We also receive *select clinical reports* from the best sources in Baltimore.

In addition to this, we are publishing many communications of value on *Military Medicine and Surgery*, and expect soon to commence the publication of a series of articles on the *Medical and Surgical experiences of the United States Navy* in the late war.

It will thus be seen that our arrangements are adapted to give to the REPORTER a cosmopolitan character. We intend it to be in all respects a *representative journal* of American Medicine and Surgery, and shall spare no pains to make it a credit to our country. The past course of the REPORTER has secured for it the largest circulation ever attained by a medical journal in this country, and the present indications are decidedly favorable to an immediate and very large addition to its circulation. This has encouraged us to take the steps announced above toward perfecting our editorial organization, and if these arrangements are received with the favor we anticipate, we shall in due time be enabled to do still more to add to the value of the REPORTER.

In view of what has already been accomplished by the REPORTER, and of the announcement made above, we unhesitatingly appeal to our readers to exert themselves to extend its circulation, believing that in thus doing they will be subserving the best interests of the profession.

CLOSE OF THE THIRTEENTH VOLUME.

With this number our labors on the thirteenth volume of the MEDICAL AND SURGICAL REPORTER are brought to a close. To us the results of the past six months have been eminently satisfactory. In all respects, our work has made substantial progress. Financially, it has met with a success which has given us the means to improve the work in a manner which will tend to command increased patronage, and thus insure continued success.

This volume contains a vast amount of practical matter, which can be made available by means of a carefully prepared Index, which will be found in this number.

The present indications are that the future volumes will be a great improvement upon this, and we look to our present readers for their aid in extending the circulaton of the REPORTER, thus insuring it the means of still further adding to and extending its circulation.

QUACKERY and THE RELIGIOUS PRESS.

Little can we demand of the worldly press, which with but very few—and these all the more honorable—exceptions, is nourished more or less by the *flesh* and influenced by the *devil* of quackery. From the columns of abortionists' advertisements in the N. Y. *Herald*, that vile sheet, which even the renownedly not most scrupulous class of our citizens—the dramatists and operatic managers—feel it below their dignity to advertise in, down to the little weekly country paper with its recommendations of "Cough Syrups" and "Pectorals," the whole secular press is drawing a large income by giving a place in its columns to *lying* advertisements and *lying* notices of quack nostrums, calculated to play upon the credulity of man and to play the dollars out of Mr. Public's pocket. And while we leave the worldly representatives of the newspaper press to the self-contempt which its conductors must feel if they have a spark of truthfulness and honesty left, when they imagine the father of lies making an entry in *his* big book of accounts to their *debit*, corresponding to every cash-entrance credited for obscene and quack advertisements, *we* must give credit also to where it belongs, and state, that there are two secular newspapers in the United States which from principle refuse all such advertisements—the "*Ledger*" of Philadelphia and the "*Chicago Republican*." Perhaps there are more. We hope there are. We would like to see three just men among the Sodomites.

But our talk to-day is with men, who claim a higher position in the scale of public morals than the everyday journalist, who preach truthfulness, charity, self-abnegation, who instruct us in the principle that no man is to do a mean thing for the sake of lucre, and whom the *world* looks upon as the proper persons to *practice* what they preach. We mean the religious press, which with scarce an exception, to our best knowledge, are all subservient to the same flesh and devil of quackery.

As an example, we will take one of the largest and most widely read religious papers in the country,—the "*Independent*." The first quack advertisement which disgraces its columns is the "Rev." Dr. P****'s "Great New England Remedy," the "White Pine Compound," recommended by a number of other "reverend" gentlemen. Next comes the "Constitution Life Syrup," prepared by "Dr." Wm. H. Gregg, who has the impudence to insert as a recommendation to the sale of his nostrum that he is a graduate of the College of Physicians and Surgeons, formerly an Assistant Physician at Blackwell's Island Hospitals, and late Medical Inspector New York State Volunteer Depots—things which he should be ashamed to tell, as they only show how miserably principled he must be to have fallen so low, after having been in so respectable society and such honorable positions. His "Life Syrup" is to cure "hemiplegia, paresis, paraplegia, paralysis agitans, indigestion, *weight of stomach*, flatulence, liver-complaint, want of appetite, bad breath, constipation, biliousness, struma, king's evil, glandular swellings, erysipelas, ulceration, salt-rheum, arthritis, lumbago, neuralgia, sciatica, gout, tic doulereux, nervous debility, St. Vitus' dance, CONFUSION OF THOUGHT, shattered nerves, loss of power, epilepsy, salivation, bad complexion, *feeling of weariness*, rotting of bones, aches in bones, depression of spirits!!"

If it will cure but one of these evils,—*confusion of thought*,—we insist on the managers and editors of the *Independent* taking the necessary quantity to dispel that mental confusion under which they appear to reconcile their *preaching* as teachers and exponents of Christian *truth* with their *practice* of giving insertion to such *swindling*, *lying* quack advertisements.

Then comes a "Vegetable pulmonary balsam," which is modestly claimed as superior for *all* diseases of the lungs, throat, and chest. Next the "Constitution water," the "only known remedy for diabetes, stone in the bladder, calculus, gravel, brick dust deposit, and mucous or milky discharges, irritation of the bladder, inflammation of the kidney, catarrh of the bladder, *impotency*," etc., certainly very interesting and instructive family reading on Sunday afternoon! So also the "Uterine Catholicon," *infallible* in all cases of female weakness.

But the effrontery of the "*Independent*" reaches its climax, when its very first opening article (we quote from 7th Dec. No.) is a paper on Cholera, by a correspondent, in which he claims for homœopathy as saving 91 in 100 cases, while, what he terms "allopathy," saves never more than 68 in 100 cases. "These are *facts*," he exclaims, "and they are *reassuring facts!* The wise will heed them." This homœopathic gentleman adduces some assertions which he has the audacity to call statistics, to prove his point—but they are eminently windy. If we are allowed to whisper to him our own experience during a severe cholera epidemic, it is this, that a certain homœopathic M. D., did not lose *one single* patient, for the simplest reason in the world—when a patient was going from bad to worse, and death was inevitable, he left, suggesting that somebody else be called, and the somebody else was an "allopath,"

who came just in time to see the patient die, and of course *he* lost the case, not Mr. Infinitesimal!

We have not a word to say, if the managers and editors of the "*Independent*" believe in homœopathy and allow themselves and their families to be trifled with infinitesimally. In charity we only hope that their delusions will never result in a serious sacrifice of health or of life. But protest we must, and shall, against their trifling with the supposed ignorance of their readers, and the presumed credulity of the public, by inserting articles which give untruthful, one-sided statements, and by which the health and lives of many may be put in jeopardy, nor can we express that protest with any other feeling than contemptuous disgust, when we see this same paper put itself *almost* on a level with the New York *Herald*, regarding quack advertisements.

These remarks are applicable not only to the *Independent*, but to all other newspapers of its class, which are liable to the same criticism.

Notes and Comments.

Bodies for Dissection.

A few weeks ago the following telegram appeared in the morning papers:

"ALBANY, November 29.

"Some excitement was occasioned here to-day by the discovery, in a barrel brought on the steamer Dean Richmond from New York, of the bodies of a male and female packed in saw-dust. The barrel was directed to John Towler, Geneva, and it is supposed the corpses were intended for dissection. A coroner now has them in charge."

There is a law in the State of New York legalizing dissection, and providing for the supply of cadavers to the medical schools. There is no reason why bodies, legally turned over to medical men for scientific purposes, should not be sent to places where they are needed, provided the laws regarding the removal and transportation of the dead are complied with.

Bellevue Hospital Medical College.

Some of the New York newspapers, through anonymous correspondents, have of late been busying themselves with demanding "Light" on the subject of the Bellevue Hospital Medical College. They claim that the expenses of the College building, in process of erection, are defrayed by unlawful appropriations by the Board of Commissioners. Commissioner ISAAC BELL replies to these charges in very short terms. He says:

"This building was contracted for and commenced by the late Board of Commissioners, consisting of Messrs. DRAPER, GRINNELL, NICHOLSON, and myself. Two of the present Board, Messrs. BOWEN and BRENNAN, have had nothing to do with it.

"The object and purposes of the building are perfectly within the line of duty of this Department, and legitimately belonging to it.

If any person really desires information on this subject, it seems to me the proper place to find it is at the office of the Commissioners; and failing to be convinced by their statements, of the propriety or integrity of their course, to so state it to the public over his own signature."

We suggest to these wriers, that if they wish to economize, and inaugurate municipal reform, that there is plenty of opportunity of doing so in other departments than that of public charities and the institutions connected therewith.

News and Miscellany.

Anecdotes of the Microscope.

Some years since in England, barrels containing gold dust were emptied of their precious contents and filled with sand. The party robbed, not being entirely satisfied with the exchange, submitted the case to the microscopist Ehrenberg. The latter, by examining with the microscope specimens of sand from the several stations on that part of the road traversed by the barrels, was enabled by the peculiarities of its appearance to designate the place at which the barrels had been filled. The officers of justice were thus put upon the right track, and the thieves captured.

A few years ago, a man under trial for murder in Western New York asserted that blood-stains on an axe found in his possession were from a dog which he had killed. The case was referred to Prof. Hadley of Buffalo, who was purposely kept in ignorance of all the circumstances. Submitting the blood-stains to microscopic inspection, he decided that they were from a dog, thus confirming the poor man's testimony.

Music.

We have received from HORACE WATERS, No. 481 Broadway, New York, Publisher, the following pieces:

"*Do They Love Me Still, as Ever.*" Words by Mrs. M. A. Kidder. Music by Mrs. E. A. Parkhurst.

"*Come to the Window, Love.*" Serenade. By H. P. Danks.

"*Wait, My Little One, Wait.*" Ballad by Mrs. E. A Parkhurst.

"'*Tis Sweet to Think of Heaven.*" Sacred song by H. P. Danks.

"*The Nation's Jubilee.*" Words by W. H. W. Music by M. A. B Clarke.

"*My Jamie's on the Battle Field.*" Words by Mrs M. A. Kidder. Music by Mrs. E. A. Parkhurst.

"*Santa Claus.*" Song and Chorus. Written and composed by Rev. A. A. Graley.

"*Promenade Concert Polka.*" Composed by Mrs. E. A. Parkhurst.

"The King of Pain."

Says the Cincinnati *Lancet and Observer*, "quite an amusing farce has been performing in this city for some days past. Almost any day, you may see driving through our principal thoroughfares a long-haired gentleman, a blanket poster placarded on his buggy announcing the King of Pain! He holds the reins over a stylish pair of black horses, and frequently has a contraband with him grinding a hand organ. Occasionally, the buggy-throne of the 'King' is preceded by a magnificent brass band, carriage, and six horses. Of course, everybody stops and takes note of the new quack; everybody laughs hugely at the absurd, but novel mode of catching gulls; everybody buys the liniment! And as this last is the main point of the 'King's' efforts, what cares he for the laugh."

Bequests by a Physician.

Dr. John Green, of Worcester, Mass., leaves to that city, besides his library of 12,000 volumes, $30,000 as a permanent library fund, which will be eventually increased to $100,000, by life legacies to other parties. One quarter of the income bequeathed directly to the city is to be added annually to the principal, and the other three quarters in the purchase of books and improvements to the Green Library.

MARRIED.

Brother—Lukens.—At Burlington, N. J., on the 21st instant, by Rev. Wm. A. Johnson, Ferdinand Brother, M. D., and Mattie M., daughter of David P. Lukens, Esq.

Chase—Dow.—Dec. 14, by Rev. E. N. Kirk, D. D., Mr. George W. Chase and Miss Sarah M., daughter of Dr. John Dow, all of Boston, Mass.

Dennis—Reed.—In San Francisco, Cal., Nov. 8th, by Rev. H. A. Sawtelle, Dr. S. W. Dennis, of Litchfield, Me., and Miss Mary E. Reed.

Fischer—Bates.—At Potosi, Mo., on Sunday, Nov. 12, by the Rev. H. R. Miller, James Fisher, M. D., Ex-Surgeon Major of the National Army of Poland, and Redelia, only daughter of the late Edward S. Bates, of Brooklyn.

Harris—Stevens.—Dec. 21, in Trinity Church, Hoboken, N. J., by Rev. N. Sayre Harris, E. B. Harris, M. D., of Richfield Spa, N. Y., and Anna Isabella, youngest daughter of James A. Stevens, Esq., of Hoboken, N. J.

Kellogg—Smith.—Aug. 31st, 1865, at Neenah, Wis., by Rev. A. A. Dinsmore, Dr. E. S. Kellogg and Mrs. Cordelia B. Smith.

Newell—Johnston.—Dec. 12th, by Rev. T. A. McCurdy, Mr. Bentley Newell, of East Liverpool, Ohio, and Miss Maggie J., eldest daughter of E. Johnston, M. D., Wellsville, O.

Stewart—Galbraith.—Nov. 24, by Rev. W. G. March, Dr. R. M. Stewart, of Lowellville, and Mrs. Jane A. Galbraith, of Canfield, Ohio.

DIED.

Duffield.—Near Elkview, Chester co., Pa., Dec. 5, of typhoid fever, Henry Duffield, M. D., in the 66th year of his age. Dr. D. was a zealous and devoted Christian, and a man of varied and extensive information and usefulness.

Howe.—At Lewisboro', N. Y., on Saturday, Dec. 2, Elizabeth M., widow of the late Dr. J. C. Howe.

Leonard.—In Sandwich, Mass., Dec. 6, Mrs. Alice C., wife of Dr. J. Leonard.

Levering.—In Lower Merion, Montgomery co., Pa., suddenly, Dec. 19th, of scarlatina, Joseph Hagy, youngest son of Dr. Joseph and Mary Jane Levering, in the 5th year of his age.

Loveridge.—In Brooklyn, N. Y., on Thursday, Nov. 30th, Dr. A. Loveridge, aged 77 years.

Richards.—In North Conway, N. H., Dec. 12th, Harriet DeWitt, only daughter of Dr. Wolcott and Susan H. Richards.

Smith.—In Newark, N. J., Friday morning, Dec. 15, Lyndon A. Smith, M. D., aged 70 years.

Smith.—Dec. 11, at sea, William B. Smith, son of Dr. William A. Smith, of Philadelphia, aged 22 years.

Stevens.—In Petersburg, Mich., Dec. 2d, 1865, Frank, only child of Dr. L. S. and R. Louisa Stevens, aged 11 years and 6 months.

Trudeau.—In New York, Dec. 23, Francis Rene Trudeau, in the 22d year of his age, son of Dr. Trudeau.

ANSWERS TO CORRESPONDENTS.

Dr. H. L. D., Latrobe, Pa.—Urethral Syringe, sent by mail, Dec. 16th.

Dr. H. A. S, Gallatin, Tenn.—Byford on Diseases of Women, sent by mail, Dec. 15th.

Dr. W. P. R., New Market, Tenn.—Bellocq's Canula, sent by mail, Dec. 19th.

Visiting Lists have been sent to the following persons: Drs. J. C. N. City; J. H. K., Worcester, Pa.; W. W. J. and J. C. N., Toledo, O.; M. H. R., Ridgeville, Ohio; S. E. W., Cecilton, Md.; A. G., Dayton, Ohio; H. D. Bethlehem, Conn.; F. C. E., Bristol, Ind; J. McC., Davenport, Iowa; L. T. H., Oakalla, Ill,; T. G. C., Long Branch, N. J.; A. P. T., City; L. J., Bordentown, N. J.

Hand Books have been sent by mail to the following persons: Drs. J. H. F., Harrisburg, Pa.; D. K. B., Washingtonville, O.; C. G. T., Jonestown, Pa.; B. M., Strasburg, Pa,; T. B. S., Pleasantville, Pa.; C. L. S., East Troy, Wis.

Dr. J. K. H., Litiz, Pa.—The price of Kidder's Electro-medical apparatus is $15.

Dr. P. H. B., Springfield, Ill.—There is a manifest error in the prescription to which you allude on p. 377. It should read:

℞. Liq. potass. citratis, f.℥iv.
Sodæ bicarb., ʒij.
Syrup scillæ,
" senegæ, āā f.℥ss. M.

Dr. D. G., Jamestown, Pa.—Hodge's or Meig's obstetrical forceps are usually preferred in this city. There is little choice between them. We use the former. Price $7.

METEOROLOGY.

December	18,	19,	20,	21,	22,	23,	24.
Wind	N.	S.	N. E.	N. W.		N. W.	S. W.
Weather	Clear.	Cl'dy.	Cl'dy. Snow, Rain.	Clear.		Clear.	Cl'dy. Fog.
Depth Rain			2 5-10				
Thermometer.							
Minimum	15°	28°	30°	28°	Not	10°	16°
At 8 A. M.	30	37	42	39	noted.	20	27
At 12 M.	35	42	39	40		23	39
At 3 P. M.	35	43	40	40		24	38
Mean	28.75	35.	37.75	36.75		19.25	30.
Barometer.							
At 12 M.	30.4	29.8	30.1	30.3		30.7	30.

Germantown, Pa. B. J. Leedom.

Medical Society of New Jersey.

The 100th Annual Meeting of the Medical Society of New Jersey will be held at New Brunswick, on the fourth Tuesday (23d) of January, at 11 o'clock, P. M.

Delegates are requested to furnish the Recording Secretary with their credentials before that day, and be prepared to pay to the Treasurer the respective district assessments.

On Tuesday the regular business of the Society will be attended to, and on the next day, (Wednesday,) at 11 o'clock, A. M., the appropriate exercises of the centennial celebration will take place, viz.

Address by the President, Dr. Ab'm Coles.

History of the Society by Dr. Wm. Pierson, Recording Secretary.

Dinner, of which delegates from corresponding Societies and invited guests will partake.

The remainder of the day will be spent in social intercourse, and listening to speeches at the table.

N. B. All regular members of District Societies are entitled to attend the celebration without the authority of delegation.

William Pierson, Recording Secretary.

Dec. 16, 1865.

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